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The Immediate Task

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THIS TWENTY-FIFTH anniversary meeting of the Canadian Nurses' Association can be a very great occasion for the organized nursing profession in Canada. Today, as never before in the history of nursing, wider horizons—ones which affect profoundly the whole future of nursing and, as a consequence, the health of the people of Canada—are challenging our profession. In a rapidly changing world, nursing like all else, is in transition and if progress is to be made major alterations with respect to nursing education and nursing service are inevitable. In addition, if adequate nursing care, which is now recognized as a social necessity, is to be made available a broader acceptance of responsibility for its provision by groups outside the nursing profession is essential. The Canadian Nurses' Association realizes that nursing is at the cross-roads and that today's stupendous challenges can only be faced successfully by the united and courageous efforts of its constituent members—the provincial associations.

This biennial meeting, which could appropriately be called the parliament of Canadian nurses, offers excellent opportunities for those from all parts of the Dominion to think and to act unitedly. This week important questions are to be discussed and it is

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hoped that decisions with far-reaching ramifications will be made. The character of the response of this group during the next few days to the problems and to the opportunities confronting the nursing profession may determine the course of action of the C.N.A. for years to come.

This address is to be confined to the presentation of the almost overwhelming problem of current and prospective shortages of nursing personnel and to review certain proposals, none of them new, which may assist in bridging the gap which now exists between the supply of nursing personnel and the demand for nursing service.

Factors Influencing the Shortage

Canada's need for more nurses, like that of other countries throughout the world, has been steadily increasing since the beginning of World War II. The main contributing factors are: the economic prosperity of our country; an increased health consciousness on the part of the people; scientific discoveries in the medical field and their practical application; the tremendous expansion in prepaid medical care plans and in hospital accommodation; service to veterans; the new and increased responsibilities which the nursing profession has been called upon to meet; and the ever-increasing acceptance of the concept of the responsibility of government on various levels for the provision of health services.

Two years ago, shortly before the general meeting of the Canadian Nurses' Association, the new National Health Program was announced by the Prime Minister. The C.N.A. rejoiced in the establishment of this far-sighted plan for the health of the Canadian people, a plan which is the forerunner of the provision of adequate medical care for the entire population. Enthusiasm, however, was tempered with grave concern with respect to the shortages in nursing personnel. As nursing invades practically every phase in a medical care program, the C.N.A. immediately realized that the whole structure of this plan to accelerate the extension of health services would be seriously jeopardized without a marked increase in nursing personnel in both the hospital and the public health field.

Extent of the Present Shortage

The estimated number of graduate nurses actively engaged in nursing in Canada in 1949 was approximately 31,000. As compared with the figures in the 1943 National Health Survey, this was an increase of 6,856. In 1948 there were 13,273 student nurses enrolled in schools of nursing. This was an all-time high and exceeded the 1943 figures by 1,914. An estimate of the number of auxiliary nursing personnel, that is, nurses' aides and nursing assistants or what are commonly known as practical nurses, in 1948 was in the neighborhood of 10,000. A comparison of this group with 1943 is not possible. As you will recall, in a submission to the Department of National Health and Welfare, prepared by the C.N.A. in 1946, the shortage at that time in professional nursing personnel was 8,700. Today, even with the substantial increase in both graduate and student nurses, the disproportion between the supply and demand in nursing personnel is practically unchanged. The nurse-patient ratio in many hospitals is dangerously low. At times hospital wards are forced to be closed and new bed accommodation remains unused. Official and private public health agencies are frequently unable to fill their authorized quotas. Constantly patients are unable to secure private duty nurses and expansion of health services, both in the hospital and in the community, is being seriously curtailed.

Future Shortage

Great difficulties are encountered in attempting to forecast the full extent of the future shortage in nursing personnel. Certain factors, however, are valuable guides. The probability of a large increase in student nurse enrolment is unlikely. In Canada approximately 10 per cent of

female high school graduates enter schools of nursing. This ratio is considerably higher than in either England or the United States. Unless changes are made in the present system of nursing education, there may even be a falling off in the present student nurse enrolment. It is recognized that facilities for the training of auxiliary nursing personnel are limited. It is known that the wastage in graduate nurse personnel is extremely high and that in 1948, through marriage, emigration to the United States, and other causes, the net increase in available graduate nurses was only from 600 to 800. As it was pointed out in a memorandum prepared last year by the Research Division of the Department of National Health and Welfare, at this rate of increase the present shortage would take ten years to overcome.

The following significant factors will add considerably to future shortages. Canada's population is increasing rapidly and as a young vigorous country, both through immigration and natural increase, continued growth is inevitable. Through medical research new treatments will be evolved which will require the services of professional nurses. As the implementation of the National Health Program progresses, the current acute shortage will worsen. Parallel with the expenditure of the Federal Health Grants to provincial governments for improvement in existing health services and for the development of new programs will be a demand for substantial increases in the number of public health nurses. The hospital grants, if fully utilized, will mean an additional 40,000 beds in Canada between the years 1948-52. It has been estimated that to service adequately the 15,030 beds authorized at the end of September, 1949, approximately 2,700 graduate nurses and 1,700 auxiliary nurses may be required.

The outlook is alarming indeed. Added to this alarm is a grave concern that large-scale plans to meet a situation that is threatening the whole fabric of medical care programs are not underway. It is abundantly clear that, with the current and the potential nurse shortage, immediate and positive action is required to conserve nurse power, to increase the number of nursing personnel, and to ensure the permanence of essential nursing service to the people of Canada.

Division of Nursing

The National Health Program, whose successful implementation throughout the years is dependent so largely upon nursing personnel, has accentuated not only the need for the immediate assessment of the current nursing situation but the significance of long-term, large-scale planning of nursing services. The necessity for the nursing profession to share in this type of constructive planning on both national and provincial levels is apparent. As you will recall, the general meeting in Sackville was unanimous in its decision to request the Federal Government to establish a Division of Nursing with a highly qualified nurse as director within the framework of the Department of National Health and Welfare. The opportunities afforded the proposed division would include: acting in a liaison capacity between the Department of National Health and Welfare and the Canadian Nurses' Association and its constituent members—the provincial associations; obtaining from nursing organizations and other related sources information regarding nursing service and nursing education; assembling and making available statistical and relative information to appropriate groups. These activities would make possible an over-all appraisal of current situations, advanced planning for future services, and an invaluable consultative service. In both Great Britain and the United States divisions of nursing within governmental departments are functioning effectively. A delegation presented the request of the C.N.A. to the Honorable the Minister of Health and Welfare but, to date, a Division of Nursing has not been established.

A National Study of Nursing

On several occasions since 1946 the Canadian Nurses' Association, as well as the Joint Committee of the C.N.A., the Canadian Hospital Council, and the Canadian Medical Association, has recommended to the Department of National Health and Welfare that a broad-scale, nation-wide study of nursing be conducted. It was also recommended that the committee to make this study should consist of representatives from the nursing, the medical, and the hospital administration fields as well as from education, social science, and the public. It was proposed that this study should include the following: an estimate of the nature and the extent of the need for all types of nursing service for a period of ten years; a job analysis of the duties now performed by professional nurses and those which may safely be undertaken by auxiliary nursing personnel; an appraisal of the present methods of preparing professional nurses; the desirability of operating schools of nursing on a different basis; a cost analysis relating to schools of nursing and the service of students; and an exploration of possible sources of financial support for nursing education. It is felt that such a study would provide a sound foundation for the constructive planning of present and future nursing service. The Federal Government has not been prepared to finance this study and to date assistance from other sources has not been secured. However, a national survey of nursing was approved late in 1948 at a meeting of the Department of National Health and Welfare by the directors of provincial survey committees, but a final decision regarding its implementation is to be held in abeyance until the present provincial health surveys are completed. The remedial and preventive aspects of a comprehensive survey of nursing at a national level, with the appropriate groups participating, has long been recognized by the Canadian Nurses' Association as well as by other allied groups.

Conservation of Professional Nurse Power

The great shortage of present and potential nurse power has emphasized the need to focus attention on the conservation of the services of the professional nurse. Although a study of the function of the graduate nurse has not been made in Canada, certain methods to prevent the wastage of her special skills are generally recognized and could be successfully utilized. Graduate nurses perform services formerly assumed by the medical profession and laboratory technicians. They give nursing care which could be acceptably undertaken by auxiliary nursing personnel. Time is still spent on clerical, secretarial, and housekeeping duties. As a result, the opportunities for this group, whose services are so urgently required to render the maximum amount of skilled nursing care and to administer nursing services, are markedly decreased. This usurpation of time from legitimate duties is also causing considerable dissatisfaction and creating unrest among graduate nurses. The dissipation of nursing skills, which is affecting profoundly the amount of available professional nurse service, should be one of the major concerns of all those responsible for the provision of nursing care.

Nursing Assistants

The Canadian Nurses' Association has long recognized qualified nursing assistants as essential members of the nursing team and, wherever courses have been conducted under appropriate auspices, has co-operated actively on both national and provincial levels in their preparation. Indeed, in the majority of instances, organized nursing has taken the initiative in the establishment of schools and the development of curricula as well as in attempting to secure registration and licensing for this group. In hospitals qualified nursing assistants, performing simple nursing procedures under the supervision of registered nurses, are releasing professional nurses for duties which they alone are prepared to accept.

The number of trained nursing assistants in Canada is, however, very limited and, as this type of nursing personnel is one of the principle sources of the augmentation of nurse power, very serious consideration must be given to its extension.

*Today in Canada there are only 14 recognized schools for nursing assistants and in 1948 the total enrolment was under 400. Last year the estimated number of graduates from these schools was approximately 1,000. In only three provinces is there registration for this group. Two provinces have licensing acts. These low figures indicate the extent of the problem which faces those concerned with the provision of nursing services. The number of nursing assistants must be greatly increased and this involves many factors, among others, an increase in schools, an active recruitment program for students, and the more general acceptance of the important place of this type of nursing personnel on the nursing team. It is vitally important that nothing should be allowed to interfere with the extension of this source of nurse power.

The Independent School of Nursing

The present system of nursing education has been under review by distinguished and imaginative minds for over a quarter of a century. Considerable progress has been made in the preparation of nurses on the university level and, with further refinement and expansion, much more will be accomplished. The number of graduate nurses, however, from university schools of nursing, even in the years ahead, will be relatively small and with experience, as highly qualified persons, these nurses will be used mainly in specialized fields. The very large majority of clinical nurses—the group responsible for the greatest part of skilled nursing care both in the hospital and in the home—receive their preparation in hospital schools of nursing. Unfortunately, the apprenticeship system still exists in these schools and very little differentiation is made between the use of the students' time for hospital nursing service and their preparation as professional nurses. Not only is the present system basically unsound from an educational standpoint but the resultant wastage of students' time is directly related to the present shortage of nurses.

The belief of the Canadian Nurses' Association—that nurses could be prepared for the clinical field in a shorter period than three years—was in part responsible for the present experiment in nursing education at the Metropolitan School of Nursing at Windsor. This demonstration of the preparation of a clinical nurse in a 25-month period in a school of nursing, which is financially and administratively independent of a hospital and thereby free to control its student time, is attracting the attention of the nursing world. The demonstration has reached its half-way mark. The first class of students has graduated and already there is reason to feel assured that, under proper conditions, an evolution in the preparation of the professional nurse for the clinical field is both practical and possible.

This demonstration, however, is but a beginning and the C.N.A. is now concerned not only with the securing of financial support for the continuance of the Metropolitan School of Nursing and the creation of other similar schools but with convincing the public, hospital boards, and governments that this type of nursing education is sound, both educationally and economically. As one of the fundamental purposes of the experiment was to demonstrate that satisfactory clinical nurses could be prepared in a shorter period than three years under an educational system comparable with that of other professions, the answer to the financial aspect of the problem is clear. The majority of other types of professional education receive state support, and what is more logical than to expect governmental assistance for independent schools of nursing? The

*Research Division, Department of National Health and Welfare, Oct. 1949.

significance of state subsidization for this purpose cannot be over emphasized.

Only proposals for attempting to meet the present and future nurse shortages, which have been approved by the C.N.A., have been presented. The need for immediate long-term, large-scale planning of nursing services is apparent. A national survey of nursing would give an over-all picture of the extent and the nature of the problem. A Division of Nursing, with a nurse director within the framework of the Department of National Health and Welfare, would provide effective liaison and consultative facilities between the department and organized nursing on both national and provincial levels. The conservation of professional nurse power would add greatly to the amount of skilled nursing service now available. The place of the qualified nursing assistant as a member of the nursing team is recognized and the need for a greatly increased number of this type of personnel is indicated. The establishment of independent schools of nursing for the preparation of the clinical nurse would increase substantially the number of professional nurses. Lastly, it is recognized that government support for schools of nursing would heighten the quality as well as increase the quantity of graduate nurse services. There are many other factors which are related to nurse shortages. The above proposals, however, which strike at the very root of the problem, if acted upon, would have far-reaching results.

Today Canada needs several thousand more nurses. As the nation-wide plan for the expansion of health services continues to progress, the need, unless immediately and realistically tackled by all groups concerned, including the public, will grow immeasurably worse. Is the Canadian Nurses' Association willing to assume further responsibility in challenging others to share in the meeting of what may well become, in the not-too-distant future, *a national emergency?* Actually a decision to accept such a high responsibility is within the power of this biennial meeting.

National Immunization Week

(October 15-21, 1950)

There is so much stress put on the use of one antibiotic or another today that we sometimes forget that, though few of the communicable diseases will respond to any antibiotic, there are some diseases for which tried and tested immunizing agents are available. It is just as important to press active immunization programs against smallpox, diphtheria, and whooping cough as it ever was. National Immunization Week serves to focus attention on this need.

As advocates of good health practices, nurses everywhere should be alert for opportunities to urge the preventive protection that immunization affords. For example, have those of you who are in the maternity departments in our hospitals ever reminded the young mothers of the importance of seeking advice from their physicians as to how early smallpox protection should be given their babies? Have you who are in pediatrics ever inquired of visiting parents whether the children have been safeguarded against diphtheria and whooping cough?

"But," you may say, "it really is none of my business and I have more to do now than I can do well. It is the public health nurse's job to preach immunization, not mine!" *How wrong you are!* It is the job of everyone of us—students, graduates, those in private practice, in hospitals—everybody. So make a mental note to do your share, particularly during this eighth annual observance—*October 15-21, 1950.*

The Trumpet in the Dust

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CHARLOTTE WHITTON

NOT ALL LIVES can be great but most lives can be well lived so that good is wrought by them in the ongoing lives of their people; thus, "No life can be pure in its purpose and strong in its strife and all life not be purer and stronger thereby."

What manner of woman was Mary Agnes Snively? What were the particular qualities and achievements which so set her apart among her contemporaries, and in fact through the better part of two generations, that not only those who called her friend but others, whom she had never looked upon, should have planned a Memorial to her of this particular form? For the Mary Agnes Snively Memorial Foundation is ingeniously designed not only to keep her name fresh in the annals of Canadian nursing but also to assure, throughout the changing settings of the fleeting years, the continuous re-interpretation of the ideals and achievements which marked this woman as among those belonging not only to her own day but to all the tomorrows of her people and her profession.

She was a fine teacher in the science and art of nursing. Though great teachers are all too few and daily becoming fewer, we have had many of them in the schools and universities of this country to whom memorials throughout the land acclaim the affectionate gratitude in which their students have sought to make their names as enduring as the influence which they exercised in their lifetime.

And we all praise famous men,
Ancients of the College,
For they taught us commonsense,
Tried to teach us commonsense,
Truth and God's own commonsense
Which is more than knowledge.[1]

But there was something more in the character, life, and influence of Mary Agnes Snively than even these strengths, just as there was something almost indefinable about her great prototype, Florence Nightingale, between whose place and service in the evolution of nursing in the British Empire and the United States and the contribution of Miss Snively in Canadian nursing there are strangely arresting parallels. These women are of that company among all peoples in all lands of whom Browning wrote—

Through such souls alone
God stooping shows sufficient of His Light
For us i' the dark to rise by.[2]

Mary Agnes Snively

Were Miss Snively still present in our daily life she would be 103 years of age. She was born in St. Catharines, Ontario, of Swiss paternity and Irish-Scotch descent in 1847. Ontario and Canada have benefitted greatly from a comparatively small Swiss immigration, most of which came from the Canton of Berne and many of whose members were marked by a peculiarly rich cultural background and unusual strength of character. Most of them were of Huguenot stock, whose forebears had suffered for their faith long before any fires of persecution had flamed in England. They were people who had dwelt in the heights of their mountain passes.

There man's thought,
Rarer, intenser,
Self-gathered for an outburst as it ought,
Chafes in the censer![3]

Some of the most venturesome minds in general and in health education in Canada came of these Bernese, notably the "Miss Martys," whom Queen's University, ranking them ablest of her women graduates, commemorates in the Marty Foundation. Others were the Huerner-Mullins of Hamilton, no less than three members of whom were pioneers in their chosen fields of medicine.

With the Swiss economy and practicality of mind, however, Miss Snively had the austerity, steadfastness, and sense of destiny of the Scottish. She was further blessed in the blend in her blood of Irish warmth, brilliance, light and charm, which are so often fated to burn out tragically in their own volatility unless, as in her happy case, they are mixed with the steadying solidity of some of those substantial breeds, held in such resentment by the Celt that it were discreet not to name them here.

A Pioneer in Teaching

Miss Snively's family had sufficient means and she herself sufficient perception and persistence to complete secondary education and enter the teaching profession. Such a course was much more of a derring-do in 1865 than today. When she went up for her normal training Confederation was still in the stage of conference. The discussions were engaging a group of only five provinces, their western limit of actual settlement about North Bay. There were small communities close to the old forts and trading centres—Sault Ste. Marie, Fort William, and Prince Arthur's Landing—and a few thousand inhabitants, mostly Indians and Metis, in the environs of our present Winnipeg. Westward were the grazing-grounds of the buffalo, ranging to the Rockies. Beyond the mountains, there were the small Crown colonies of the Mainland and of Vancouver Island, practically all of whose people had come by the sea route.

There were only a few, short railways. Travel was by stage route and water-ways. The small cities, towns, and settlements of Canada's three and a half million people at Confederation, the year in which Mary Agnes Snively came of age, were truly far apart, both in distance and in their necessary self-containment.

Education had been restricted, on the whole, to elementary schooling for the great mass of the population. Teaching had been ill-organized in its training and administration. Not until 1874 was secondary education put within reasonable reach of even the comparatively prosperous. Even then, authorities were emphatically opposed to the influx of girls which had followed its inclusion as part of the publicly financed system. The advantages of secondary schooling of a serious and academic nature might be said to have been a privilege restricted to boys. Most of the girls attended "finishing schools" which, only too often, proved just that, finishing off, as quite

unladylike, any aspirations for academic pursuits or any "career" ambitions which might have been stirring within the female breast and threatening to mature in feminism. It was just not "ladylike" for a woman to earn her own living. A life of penurious and genteel spinsterhood was preferable in "higher social circles."

Consequently, when Miss Snively persisted in completing a full, secondary education course and in entering teaching, she was one of a comparatively small number of women, blazing a pioneer trail in a profession much less established as a calling for her sex than the practice of nursing. It can be assumed, therefore, that she had within her an urge to the adventure, no less than the living of life, one of those of whom Clemence Dane writes, in the words with which Queen Elizabeth spurs on the young Shakespeare—

and we climb
(You'll climb as I do) not because we will,
Because we must.[4]

Influences in Her Life

Miss Snively was imaginative: all her work proclaims it. She would have been old and intelligent enough to share pleasurably, if without much comprehension, in the interest, excitement, and public acclaim when Florence Nightingale's name went round the world as the colorful Englishwoman and her nursing sisters came home from the Crimea. She would have been in early adolescence, with all its impulses to hero-worship, when Miss Nightingale focussed public attention on the needs of nursing by allocating the funds, raised as a nation's tribute to her, to the establishment at St. Thomas Hospital, London, of the first school for training nurses. From then onwards, for nearly 40 years, "The Lady with the Lamp" was to revolutionize hospital, nursing, and health services in England generally, by recurrently threatening to hurl (and on one or two occasions actually making good her threat) that highly explosive light of her so gloriously bright prestige into the dark and tyrannical recesses of vested authority and interest.

It may be that Miss Snively was influenced by the interest of her nursing friends in the United States of America—Louise Darch and Isabel Hampton, destined to be almost as influential in nursing in that country as she in Canada. There is probably valid ground for assuming that an intelligent, alert woman with a high sense of vocation, which everything about Miss Snively suggests she was, should be drawn to an identity of purpose and work with Florence Nightingale, who was the most considerable woman of her age, saving only the determined, able Queen with whom she shared the honor and affection of the Victorians.

In the year 1874, Dr. Theophilus Mack set up the first Training School for Nurses in Miss Snively's home-town of St. Catharines. It might be a fair surmise that this experiment caught the interest of the woman who, in 1882, applied to Bellevue Hospital, New York, for admission and training. Mary Agnes Snively took this step, not as a young and impressionable girl, but as a mature woman, 35 years of age, leaving a profession in which she was proficient and well established.

Purpose

One cannot but conclude that hers was a decision not only of deep conviction but of definite purpose. Here was a woman of vigor of mind, of experience and of culture. She looked out upon these strengthening developments in the Old Country, was familiar with their importation to the pulsing life of the new country to the South and, in contrast, she saw the needs of her own young and expanding land grievously underserved. She had taught and known young girls. She had, as all her subsequent life shows, a natural

aptitude for judging women. She doubtless realized not only the need of nursing for recruits from among women of quality and character, but also the need of such women for nursing as rewarding and satisfying work. For, as Canada developed and the pioneer stages of settlement were passed in the older East, there emerged a large body of well-educated young women, of serious intent who, without the sense of religious vocation or the impulse to withdraw from the world about them, were, nevertheless, comparably imbued with the instincts of duty, pity, and service which so mark those whose magnificent contribution to Canadian nursing has been made through the Religious Orders.

From the time that Miss Snively gave up teaching to her last days, lived out in the setting and succour of the hospital which bears the indelible stamp of her character, there is clearly discernible, to one who can know her only by the record of the written word and the loving testimony of those who still well remember her, a clear and definite purpose from which she never swerved. That purpose, for both Florence Nightingale and Mary Agnes Snively, embraced more than the recognition and excellence of nursing, though each woman will always be chiefly associated, in the memory of her own countrymen, with the evolution of modern nursing and hospital practice.

Miss Nightingale and Miss Snively

There are intriguing similarities in the scope and method of their activities, in their swift decisiveness and steadfastness but, more particularly, in the breadth and sweep of their vision and the directness of their aim and attack as they advanced from salient to salient in its realization. Both women turned to the service of nursing in their mature years. Each was a woman, versed and schooled in life generally, ripe in its broadest living and rich in its wider philosophies, before she selected a channel of specialized interest and practice. Nor did either of them ever relinquish the splendid vision of the broader, farther horizons as she journeyed, faithfully, the path of her own choice to those heights. The light, beckoning each of them onward, was, as Trevelyan wrote of Miss Nightingale, "a new conception of the potentialities and place in society of the trained and educated woman."

The immediate goal which Sir George Newman saw in Florence Nightingale's courageous, hopeful travelling was as certainly Miss Snively's—"the emancipation and education of the womanhood of the nation to be approximately equivalent to that of its manhood."

Nursing was a pursuit peculiarly in need of the particular attributes of women—a skilled service to human beings in sore need—the patients. In the conception of both women and in the particular practice of Miss Snively, nursing was also to serve as the medium for a very definite and especially qualified contribution of women to the happier living of life, not only for those in need of health care, but in the broader life of the nation as a whole. Florence Nightingale wrote:

> Training has to make her (the nurse) not servile but loyal to medical orders and authorities. True loyalty to orders cannot be without the independent sense or energy of responsibility which alone secures real trustworthiness.[5]

When, in 1908, Miss Snively had battered down the doors of the International Council of Nurses to lead her little new band of the Canadian National Association of Trained Nurses into the promised land of world recognition, the tenor of her message to the new organization was of conscious personal responsibility in the service of the nation itself:

> Privilege means responsibility: a better century does not mean that it should minister unto us, but we to it. We can only be worthy of the great inheritance which

has been bequeathed to us as we use our larger opportunities to make our country and the world better and brighter and purer for each succeeding year.[6]

The Ministry of Nursing

A better century now, at this time of admitted crises in the survival of western civilization, can only follow if, to revert to Miss Snively's words, we seek to *minister unto it* and its needs. There you have the fundamental word in all the story of nursing, particularly Canadian nursing. Florence Nightingale made an evangel of nursing but nurses through the years form their own long and glowing line. They are too many and too many of them are too recent to risk any adequate recording here, but, from coast to coast in Canada, wherever men "desired loneliness," and their desire was bound "to bring close on their heels a thousand wheels, an Empire and a King," through the decades of the developing Dominion there were always those who served in the succouring of the sick—the nurses, religious or lay, inspired by their great ones who made of their profession a ministry—the ministry of nursing.

Breadth of Service

A ministry, in simple lay phrase, is a mission of aid and service, above and beyond the mere doing of a job or the pursuit of a profession for gain. The leaders whom we remember in Canadian nursing have all left humanity and nursing better served and farther on their way for that they have lived. Nor was the ministry of any of them narrow nor channelled within the retaining walls of her own profession.

Florence Nightingale, in her concern over the men in Scutari, turned her mind and ministry to the homes from which they came, to the lack of care and sanitation, of proper food and housing, which left them weak of body though strong of will and heart in the hour of crisis and battle. It was over the whole field of public health and sanitation that she made her reconnaissance upon her return to England. The hospitals and health services of Europe and of North America, no less than those of Britain, engaged her exploring eye and exploding mind and pen.

The welfare needs of the people then centred largely in the Poor Law, its institutions and services, which had been the humane and revolutionizing last bequest to her people of the greatest Englishwoman of all time—Elizabeth Tudor. The Poor Law Commission, after the Napoleonic Wars, had, in the way of most Commissions, compiled a monumental report on which the bookworms of Parliament had fed for a generation. Florence Nightingale's contribution to public health, to hospitalization, and to nursing is so great that her incalculable services in the reorganization of the Poor Law infirmaries, the institution of the health and home visitor, and of the nucleus of the maternity and infancy services, under the local authorities in Great Britain, receive less than their due recognition; she could be as justly venerated as the founder of modern social work and public health in England as of nursing.

The Public as Ally

Moreover, Miss Nightingale recognized the medical authority but was not inhibited by any shackles upon a junior and ancillary profession. She used every avenue open for the advocacy of the cause she urged. She wrote or spoke directly to anyone, from Prime Minister down, official or unofficial, directly or indirectly, if their place or power, their understanding and support were vital to the welfare of a cause that was of moment to the common weal. Florence Nightingale did not stop short of the Queen, whose high patronage and advocacy, in the end, assured the public acceptance of her work.

On a smaller stage in a younger country of fewer problems and population, Mary Agnes Snively played a comparable part. She had come, fresh from her

own graduation in 1884, to the Toronto General Hospital. There nursing service and standards were dolefully deficient in contrast to the revolution in hospital service and nursing training taking place in Europe and the United States. With no experience in nursing, other than her two-year course, but with the strengthening background of more than a decade of teaching and a firm grasp on the realities of life, she took up her task hedged in by opposition that was bred of ignorance and prejudice within her own institution, and by indifference, bred of ignorance and apathy in the community at large. "The great causes of humanity are never defeated," wrote Adam Smith, "by the assaults of the devil but by the slow crushing glacier-like mass of thousands of indifferent people.",

Like Florence Nightingale, Miss Snively attacked on both front and flank. She used both deployment and unexpected rear-guard sallies from friendly forces that she dropped in enemy territory. Such, for instance, were her devoted graduates whom she married off to medical men, to politicians, or to the business and commercial leaders, the latter of whose wives made them her allies on the Hospital Board or in other high places. (She and Florence Nightingale eschewed marriage and espoused celibacy, yet saw uses for matrimony, properly exploited and applied.)

Also, like Miss Nightingale, Miss Snively carried nursing problems and the needs and case of her nurses to the widest possible public by every medium open to her, particularly the missionary societies of the churches and the women's clubs, then just beginning. She was continuously on the public platform. Today she would probably have ingratiated herself into a different radio circuit each night. Results began to accrue in the growth of an excellent school of nursing, in the epochal departure of a separate nurses' residence, in recognition for Miss Snively across Canada, in the United States and overseas.

How Dull to Make an End!

Mary Agnes Snively had entered nursing training at 35 years of age. She had taken over "T.G.H." as she entered her 39th year. She was now past 60 and surely had earned surcease. But her vision and objectives had never been circumscribed nor personal. No school could survive in its own strength alone, unless all schools were comparably strong. No nursing alumnae could, of themselves, serve nursing well, functioning in faithful loyalty to their own school but unrelated to the advancement of the whole profession of nursing. The need of one school and its nurses was the need of all, so the pre-eminent position and high prestige, which she had acquired for her school and herself, she sought to share and, even as she shared, to strengthen it. So she founded the Canadian Society of Superintendents of Training Schools for Nurses in 1907 and acted as its first president.

Her contacts with nurses in Britain and the United States early revealed the community of problems, the comparability of the forces thwarting the fuller development of nursing in the entity of its own practice and profession throughout the countries of advanced nursing training. With Mrs. Bedford Fenwick of London, England, Miss Snively helped to found the International Council of Nurses, herself in the onerous honorary office of treasurer.

That was high recognition for a Canadian nurse in 1908! If there were but one thing that stands out in Miss Snively's life and work, it is the constant humility of her own sense of mortality. She would not always be here. She must plan and work and build to the end that "her work continueth, broad and deep continueth." She neither sought nor suffered the discounting of the work and place of the rank and file of Canadian nursing in distinction for herself. She might be the representative of Canadian nurses but she wished to remain always their servant. So, with a quarter century of hard work and achievement in the Toronto General Hospital behind her, and the haven of

her retirement in sight, she turned to what was to be the greatest of her legacies to her profession and her country—the creation of the Canadian National Association of Trained Nurses at Ottawa in October, 1908, and its full acceptance as an autonomous body in the world assembly of nursing, "the I.C.N.," in that same twelvemonth.

The Road Winds Uphill

Surely, in the call to minister unto this country and its people in this opening new half-century, there sounds a note, clear as a clarion, from the lives of these two women, whom the Canadian Nurses' Association holds in highest remembrance in this Dominion and in the Commonwealth of our broader loyalties.

Does the road wind up-hill all the way?
Yes, to the very end.
Will the day's journey take the whole long day?
From morn to night, my friend.[8]

The C.N.A. — 1950

The Canadian Nurses' Association has completed more than two score years of unflagging leadership and unremitting service to the nursing profession and, what is much more, to the people of Canada. Its attainments have more than justified the faith of its founders and the loyalty of its members. It might well wear graciously its flowering laurels in a fine maturity of consolidation and repose. But that cannot be.

That cannot be among women who are called, not to the practice of a profession but to a ministry of nursing. Cleon's appraising challenge to Protus cannot go unmet:

Thou in the daily building of thy tower . . .
Didst ne'er engage in work for mere work's sake;
Hadst ever in thy heart the luring hope
Of some eventual rest a-top of it.
Whence all the tumult of the building hushed,
Thou . . . mightst look out to the East.
The vulgar saw thy tower: thou sawest the sun.[9]

Trumpet in the Dust

We are in a day and country in which the extent and complexity of the problem of assuring the health and healing of all the people will demand the vision and qualities of women of the Nightingale and Snively cast. Canada requires, too, the loyalty and devotion of all the cohorts of nursing if the understanding of that problem, and of the full implications of the things needful to its happy solution, are to be grasped and applied to the furtherance of human welfare and social progress in the times now upon us. As Florence Nightingale in her 40th year turned to what proved to be her greatest contributions; as Mary Agnes Snively, in her 61st year, devoted herself to what was to be her most enduring memorial, so, in the 44th year of its existence, the Canadian Nurses' Association, and every woman within it who has taken the Nightingale pledge, must, like Rabindranath Tagore, pick up The Trumpet lying there in the dust—

I was on my way to the temple with my evening offerings,
Seeking for the heaven of rest after the day's dusty toil;
Hoping my hurts would be healed and stains in my garment washed white,
When I found thy trumpet lying in the dust.

Has it not been the time for me to light my lamp?
Has my evening not come to bring me sleep?
O, thou blood-red rose, where have my poppies faded?
I was certain my wanderings were over and my debts all paid
When suddenly I came upon thy trumpet lying in the dust.

From thee I had asked peace only to find shame.
Now I stand before thee—help me to don my armour!
Let hard blows of trouble strike fire into my life.
Let my heart beat in pain—beating the drum of thy victory.
My hands shall be utterly emptied to take up thy trumpet.[10]

The Longing Want

There you have much of life, its purpose, its sorrows, its hopes and its strengths. Life cannot be lived without conflict, strife and pain, but these beat on to victory if purpose be firm and there be faith in identity with an enduring Power, mighty where we are weak, eternal where our mortal days are but fleeting as the shadows which we cast in the realities of immortality.

The Church of my faith—the Anglican—is a very practical one. In its Hymnal one section is frankly headed "Pilgrimage and Conflict." The Eastern philosopher and the Christian Church agree. In very simple phrase, life is livable if men and women feel that it is worthwhile, that what they are and do matters—matters to themselves, matters some little bit in the present and, somehow, in some small way, in the continuing scheme of things.

Wherefore the soul, misknown, calls out to Zeus
To vindicate his purpose in its life.[9]

This is what marks man off from brute creation and insensate things—the deep hunger within the human being to be fulfilled; the "poor mortal longingness." Walter de la Mare phrases it "the unknown want"; "the destiny of me" is Walt Whitman's defining. "Thou hast made us for Thy self and our hearts are restless till they find their rest in Thee" is St. Augustine's answer.

Faith

Faith was the very foundation of the purpose, courage, perseverance, and sustaining strength of the founders and builders of modern nursing in Britain and Canada. That could not be gainsaid in the lives of the Religious, but Florence Nightingale, Sir George Newman writes, possessed—

> A soul anchored in the inexhaustible and enduring verities of her religious faith and her spiritual experience—still the greatest power on earth to move the minds and hearts of men and women.[11]

Miss Snively had not only a deeply religious sense to which all who knew her attest, but she lived in a constant awareness of a new and practical alliance with the strength of God, whose instrument she felt herself to be as part of the Divine purpose. Time and again, she trod new and uncertain ways, assured always in the promise "I will go before thee and make the rugged places plain." Miss Edna Moore, director of Public Health Nursing for Ontario, and in Miss Snively's last class of students, tells how, opening the morning prayers (which with Miss Snively held as essential a place in the curriculum as nursing practice) the superintendent, on one occasion, asked for special intercessions—

> A pray of thankfulness to God that through His grace a patient, who, through a nurse's carelessness, might otherwise have died last night, still lives; a prayer for that patient, still in the agony of pain; and a prayer for our nurse, who is in anguish and distress.

Belief and faith! These, then, must lie at the very heart of any life which would devote itself to a ministry of useful service, no less than to the pursuit of a profitable profession or a successful career and a comfortable acquisition of the material things of life, which can, indeed, be as pleasant and comfortable as they are perishable and of the dust of frustration. We are an age of confused, tired people, wearied in two wars and the intervening devastation of a bleak depression. We have discovered much, but still so little, of the overwhelming and pervading Power of the Universe, but we are so humanly inept in our handling of such Might that, like children with things beyond their own comprehension, we are more like to encompass our destruction than our own great benefitting. All this is, in part, because of the decay of faith.

In Browning's "An Epistle," Karshish, an Arabian physician, writes to a friend, recounting the tale of a man, named Lazarus, who had been buried three days in a trance from which he had been raised by a Master, who taught a strange new faith:

Think, Ahib: dost thou think?
So, the All-Great were the All-Loving, too—
So, through the thunder comes a human voice
Saying, "O heart I made, a heart beats here!
Face my hands fashioned, see it in myself,
Thou hast no power nor may'st conceive of mine,
But love I gave thee, with myself to love,
And thou must love me who have died for thee."
The madman saith He said so: it is strange.

As we lift the Trumpet from the dust of disbelief, disillusion, and despair, the first clear full notes blown thereon must be those of Faith—faith in the pervading power of the Spirit of God, as in man, who, informed with that Spirit, is more than the blood of his race and the soil of his land, who is indeed the one creation in which things material and things spiritual meet and merge.

Courage

From that note of Faith, first blown sharp and clear, flows another—Courage: courage of mind and of spirit and sheer physical courage. All of these have marked these women who have given greatness to the ministry of nursing. Courage, in the sure approach of death, is perhaps the highest form of courage exacted from men and nursing, which attends on both birth and death, walks daily with it. One of the rich memories of Miss Snively is her dismissal of the young charge nurse, whom she would not keep in attendance on her last night—"Surely, you do not think that I am afraid to die alone?"

There is another strength of courage, too—moral strength. Courage cannot survive in the dust of shallow, finite rationalism. That argues, as do many in our day and country, for the appeasement of compromise which it calls "common sense" and, sometimes, tolerance, when it means toleration of the evil and the vicious. Oh! The causes and the principles bartered in the name of common sense and tolerance when the counter is really ambition, greed, and expediency.

Christ was not tolerant of the money-changers in the Temple. He was violently abusive. He did not heed the rationalism of Peter and the other disciples urging Him not to go down to Jerusalem where He would offend those whom He was opposing and be most surely crucified. He went on to a death that it was in His Power to avoid. They became, it is true, the artificers of the Christian Church but He remained the Son of God.

Perseverance

When the note of Courage blows strongly, another note is in its very echoes.

There is one of the old hymns which pleads: "And crown Thy gifts with strength to *persevere.*"

Perseverance is a virtue demanded of the nurse perhaps more than of most ministers. It is demanded in both its spiritual and practical strength; for you must

> *. . . force your heart and nerve and sinew*
> *To serve your turn long after they are gone,*
> *And so hold on when there is nothing in you*
> *Except the Will which says to them: "Hold on."*[12]

There are few notes more falteringly blown on the Trumpet today than this one of Perseverance, which, of course, cannot be sustained without some transcending faith in the ultimate justification of our life and effort here, even if that lie beyond the sight and knowledge of mortal men.

> *The high that proved too high, the heroic for earth too hard,*
> *The passion that left the ground to lose itself in the sky,*
> *Are music sent up to God by the lover and the bard,*
> *Enough that He heard it once: we shall hear it by and by.*[13]

The dust of futility mutes the Trumpet in the face of realities too devastating and defeating to be endured:

> *Fool! All that is, at all,*
> *Lasts ever, past recall;*
> *Earth changes, but thy soul and God stand sure.*
>
> *Not on the vulgar mass*
> *Called "work" must sentence pass,*
> *Things done, that took the eye and had the price;*
> *Over which, from level stand,*
> *The low world laid its hand,*
> *Found straightway to its mind,*
> *Could value in a trice.*
>
> *All the world's coarse thumb*
> *And finger failed to plumb,*
> *So passed in making up the main account;*
> *All instincts immature,*
> *All purposes unsure,*
> *That weighed not as his worth yet swelled the man's amount.*
>
> *All I could never be,*
> *All men ignored in me,*
> *This I was worth to God, whose wheel the pitcher shaped.*[14]

Discipline

But Perseverance can be a plaintive shrill note unless it be tempered by Discipline: not the discipline which is imposed from without so much as that which is the natural growth of mastery over one's own passions and impulses. We discipline ourselves and life disciplines us. We can better endure "the slings and arrows of outrageous fortune" if we have of our own strength built up the equanimity and peace of mind which accrue in mastery over the satisfaction of our own desires and wills, and in appreciation of the enduring values of life.

Moreover, it is in the blend of Courage with Discipline that another strength is found—the strength to follow the solitary way which the path of

duty often proves to be (again, it is Queen Elizabeth speaking to Shakespeare):

For the high way
Is flowerless, and thin the mountain air
And rends the lungs that breathe it; and the light
Spreading from hill to everlasting hill,
Is not much nearer, nor half as warm
As the kissing sun of the valleys.

But

the man who hung twixt earth and heaven
Six mortal hours and knew the end (as strength
And custom was) three days, away, yet ruled
His soul and body so, that when the sponge
Blessed his cracked lips with promise of relief
And quick oblivion, he would not drink;
He turned his head away and would not drink;
Spat out the anodyne and would not drink.
This was a god for kings and queens of pride,
And him I follow.[14]

It is often in the depth of suffering that the spirit of Prometheus is unbound, indeed, at last:

To suffer woes which Hope thinks infinite;
To forgive wrongs darker than death or night;
To defy Power, which seems omnipotent;
To love and bear; to hope till hope creates
From its own wreck the thing it contemplates;
Neither to change, nor falter; nor repent;
This, like thy glory, Titan, is to be
Good, great and joyous, beautiful and free;
This is alone Life, Joy, Empire and Victory.[15]

Dedication

And, in the suffering of all great Discipline, comes the deepening to the fine, mellow notes of Consecration in the ministry of service:

Naked I wait Thy love's uplifted stroke!
My harness piece by piece Thou hast hewn from me.
And smitten me to my knee;
I am defenceless utterly.

Yea, faileth now even dream
The dreamer, and the lute the lutanist;
Ah! Must
Designer Infinite!
Ah! Must Thou char the wood 'ere Thou
canst limn with it?[16]

Pity and Tenderness

Moreover, in Discipline, too, the notes of Pity and Compassion and Kindness find play, even Tenderness, which must have place, though we know that the nurse is warned not to become "emotionally related" to her patient and in spite of Margot Fleming's delightful definition of Sentiment as "what

I am not acquainted with." And by that same token of pity and tenderness, be neither afraid nor ashamed of tears. In the release of tears, strength springs afresh from sorrow. John Milton tells us that even the gay and golden daffodils "fill their cups with tears" and Swinburne ranks tears as of our very being:

Before the beginning of years
There came to the making of man
Time with a gift of tears . . .[17]

To the psalmist we are fed with "the bread of tears" and the shortest most poignant sentence in all the Bible is "Jesus wept."

Such storms spent, "we are serene and wise" and know the abiding comfort of Lizette Reese's

Loose me from tears and make me see aright
How each hath back what once he stayed to weep,
Homer his sight, David his little lad.[18]

The power of Pity and Compassion indeed are of the very essence of life itself for they spring from this sense of the Oneness of all things.

I find, under the boughs of love and hate,
In all poor foolish things that live a day,
Eternal beauty wandering on her way.

Ah, leave me still
A little space for the rose breath to fill!
Lest I no more hear common things that crave
The weak worm hiding down in its small cave.
The field mouse running by me in the grass,
And heavy mortal hopes that toil and pass;
But seek alone to hear the strange things said
By God to the bright hearts of those long dead.[19]

As each sees each as another creature of the same instincts and impulses as oneself, there comes that clarity of perception which shines through the last message of that nurse whose name will always live in our British story—Edith Cavell: "I realize that patriotism is not enough; I must have no hatred or bitterness to anyone."[20] Carried into everyday living, it is in this note that we find the power for an intensity of zeal in our own cause without, necessarily, a bitterness of antagonism to the advocacy of others. It is what should move us to give at least as fair recognition to strength as to weakness in our colleagues and to render not less than justice to our critics and even consideration to our enemies.

Twas a thief said the last kind word to Christ,
Christ took the kindness and forgave the theft.[2]

ARMORY

Of such are the notes on the Trumpet blown, ere each of us

. . . be gone
Once more on my adventure brave and new;
Fearless and unperplext
When I wage battle next
What weapons to select, what armour to endure.[14]

"Take to arm you for the fight the panoply of God" which St. Paul (*Eph. VI: 14 & 16*) defines as being "girt about with truth, and having on the breast-plate of righteousness . . . above all, taking the shield of faith."

Truth! *This above all: to thine own self be true,*
And it must follow, as the night the day,
Thou canst not then be false to any man.[21]

Knowledge of yourself, knowledge of the good, knowledge of the true, what more need you?

Enough now if the Right
And Good and Infinite
Be named here, as thou callest thy hand thine own
With Knowledge absolute.[14]

In St. Paul's magnificent letter to the Phillipians (*IV:8*) will be found all of that knowledge absolute:

> Whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report; if there be any virtue, and if there be any praise, think on these things.

Of all such have been the purpose, the qualities, the living of those whom we remember as good, no less than great, among the men and women who have served their people and guided their feet upon the paths to peace in all times and in all nations. They have all been people of Truth and Honor and, so, of character. Of such are the attributes, still needful, for the living of life hopefully and well not only in this country but in any place and in any age.

There lies the port; the vessel puffs her sail;
There gloom the dark broad seas, My mariners.
Souls that have toil'd, and wrought, and thought with me . . .
. . . something ere the end,
Some work of noble note, may yet be done,
Not unbecoming men that strove with Gods.
The lights begin to twinkle from the rocks;
The long day wanes; the slow moon climbs; the deep
Moans round with many voices. Come, my friends,
'Tis not too late to seek a newer world.
Push off, and sitting well in order smite
The sounding furrows; for my purpose holds
To sail beyond the sunset, and the baths
Of all the western stars, until I die.
It may be that the gulfs will wash us down;
It may be we shall touch the Happy Isles,
And see the great Achilles, whom we knew.

Tho' much is taken, much abides; and tho'
We are not now that strength which in old days
Moved earth and heaven; that which we are, we are:

One equal temper of heroic hearts,
Made weak by time and fate but strong in will
To strive, to seek, to find, and not to yield.[22]

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Reprints of this historical document may be procured at **25 cents** each from the *Canadian Nurses' Association, 1411 Crescent St., Montreal 25, Que.* Schools of nursing will find this article excellent source material in the history of nursing.

Aluminium Clothing

The wheel of history seems to have done a complete turn. In the days when knighthood was in flower, warriors encased themselves in heavy metal armor and rode forth to meet any worthy opponent who cared to joust with them. Eventually the metal suits went into discard. Now it seems they are on the way back—in a most practical form.

Aluminium clothing in the form of the still-unnamed "X" cloth reached the U.S. market late this summer. Suits of X-cloth will not turn aside sword thrusts, like the old-time metal suits, but they will turn aside heat, reflecting it back to the body for warmth in cold weather and reflecting away the hot sun for greater summer comfort. The radically new process uses a patented method of impregnating textiles such as nylon, cotton, rayon, and wool with aluminium flakes or powder.

An indication of the value of the process is given by the United States Testing Company which reports that a processed rayon lining, alone, will be 12 per cent warmer than the same cloth unprocessed, plus an 11-ounce wool lining.—*Aluminium News*

Punishment in 1700

Turning back 250 years ago to the English law of 1700 as it is described in "Non Compos Mentis or Laws on Natural Fools, Mad Folks and Lunatick Persons," the author, Lawyer John Brydall, reports that the criminal who murdered his father or his mother was first whipped then, after the blood was drawn, thrown into a sack with a hungry dog, a cock, a viper, and an ape and cast into the water. For the same crime, a man would receive no punishment if it could be proved that he was insane, since madmen were exempt from punishment for their acts. There was, however, one notable exception. Anyone, mad or sane, who killed or attempted to kill the King, would be punished in full, so sacred was the person of the King held.

—*Department of Public Education*
Institute of Living, Hartford, Conn.

The International Council of Nurses: A World Force in Nursing

FLORENCE H. M. EMORY

Average reading time—23 min. 12 sec.

"THE OLD ORDER changeth yielding place to new." This line from the pen of a well-known English poet is indicative of the half-century, the turn of which is marked by the year 1950. In all fields of life—political, economic, social, and health—changing conditions, precipitated by wars, by depression, and by scientific discovery and its implications, have been startling if not staggering. Look for a moment at our own Canadian scene. Here we have witnessed before our very eyes an evolutionary process in the political field which has changed us from a country predominantly agricultural to one which is to be reckoned with in industrial power: from one unit of an Empire to the status of full nationhood within a Commonwealth of Nations. Accompanying this growth there can be detected a change in economic status and social outlook. Developing gradually over the years we have seen the concept of social security which purposes to bring to the many rather than the few the necessities of a full life, through a more equitable distribution of the country's wealth. This has resulted in an improved standard of living for the population as a whole, including health and welfare services more commensurate with human needs. Plans for improved health, slowly evolving, supported by government funds already available, are providing, and are destined to provide ever more fully, improved living conditions for the citizens of this country.

On the international level similar forces are at work with machinery set in motion which purposes to provide opportunities for an application of the principles of democracy in the conduct of world affairs and thus to knit together and to make more effective the efforts of the nations of which it is composed. I refer, of course, to the United Nations with its many units of specialized endeavor. Great in its potentialities for influencing public opinion and action this organization is bringing increased influence to bear upon the thinking and conduct of its member countries: it is shaping more than is realized current attitudes towards peace and peaceful living—towards health and healthful living. For in this international machinery and in its constituent unit where health endeavor is focused; the World Health Organization, is being forged an instrument

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which, as it develops through the years, will give leadership and inspiration in the field of health as will the United Nations in the broader political field. It is significant, therefore, that nursing has become identified with this world health movement and has been given an opportunity, through nursing personnel within the World Health Organization and through the establishment of a relationship between this body and the International Council of Nurses, to interpret professional opinion concerning the national and international significance of nursing, in this our day and for the second half of this century.

With a brief introduction which relates the organized profession of nursing to world machinery and to the evolutionary process with which that machinery is attempting to deal, we proceed to consider the present status of the International Council of Nurses as revealed in its objectives, its growth in achievement and prestige, some of its special interests, its relationships, its opportunities, and certain factors which limit its accomplishment.

Present Status

It will be recalled that in Stockholm last year the conference celebrated the 50th anniversary of the founding of the I.C.N. which took place in the city of Buffalo in 1901. We are proud that there was Canadian representation at that meeting in the person of Miss M. A. Snively and that Canada became a member in 1909. With a revision of the Constitution and By-Laws of the Council in 1947, its objects in essence are stated thus:

1. To promote self-government by nurses in their associations for the purpose of raising the standards of professional education and practice.
2. To promote a full development of the nurse as a human being and citizen so that her professional skill may be brought to the many-sided service that society demands of her.
3. To provide a means of communication between nurses of various nationalities, creating opportunities for them to confer upon questions relating to nursing, affording facilities for the promotion of international understanding and making possible an interchange of international hospitality.

Hence it is clear that the aims of this world body are broadly based and that having been the first group of professional women to organize on an international basis the Council continues to accentuate those functions of coordination and interpretation which none but a body of this nature can perform.

The meeting in Sweden last year showed some 30 countries in full membership with the Council, representing approximately 350,000 members. In addition, the status of 7 countries formerly in full membership continues to be obscure and at least 16 others are in process of qualifying for full membership. To watch the avidity with which nurses from member countries, denied contact with the Council during the war years, met under the common banner of nursing—to witness the persistence and delight of certain countries granted re-instatement—to realize the influence of the Council upon the progress of nursing in countries seeking to qualify together with the prestige gained when they do—is ample proof that the quality and quantity of nursing service and preparation within these countries varies markedly in both concept and practice and that the Council is giving effective aid in the improvement of all phases of nursing.

In order to implement its objectives the Council holds interests which increase in both variety and importance. A good example of this is the work done (largely in the nature of study) by the many committees which function under the organization. For instance, the Membership Committee recommended to the conference in Sweden that the credentials of all affiliated associations should be reviewed to learn whether they con-

tinue to meet the basic requirements for membership—namely, that the national organization should be representative of all nurses of a given country, that its affairs should be controlled by nurses, and that the membership should be composed of registered (professional) nurses. A study, therefore, is being conducted through the medium of a questionnaire sent to affiliated organizations to determine the current position regarding these matters and also to learn the relation of other groups to the national association, including student nurses, midwives, who are not registered nurses, and all types of auxiliary personnel. When replies are received and tabulated the committee will be in a position to make recommendations to the Board of Directors convening in Belgium next year concerning these matters.

The countries which are seeking to qualify have been given an outline of criteria used in determining their eligibility and a suggested constitution and by-laws for a national association: these guides along with the assistance which can be given from International headquarters are helping them to put their professional house in order. Many of these countries are in need of a field visit by a member of headquarters' staff but so far funds available have limited this service to an appreciable extent.

The Nursing Service Committee, continuing to investigate the world shortage of nurses, is undertaking a study of ratios of nurses to patients both actual and desirable and also an acceptable ratio of professional nurses to the various types of auxiliary workers. The Education Committee continued its work on a Guide for Schools of Nursing, seeking to establish basic programs in professional nursing and as a new project is undertaking an extensive study of visual aids. The Economic Welfare Committee is making a study of economic conditions for nurses in all parts of the world. The Exchange of Nurses Committee is dealing with problems in that field and the Committee on the Ethics of Nursing is working along similar lines. The committee concerned with Relief for Nurses in certain member countries made an appeal recently for tangible help for Korea to which four member countries responded. To make the questionnaire method used by all of these committees as effective as possible, expert advice has been sought from the Statistical Branch of the International Labor Office and the Statistical Branch of the World Health Organization.

As might be expected, one of the major functions of the staff at headquarters is the collection and distribution of information on matters relating to nursing education. This is in line with the Report of the Study Committee of the I.C.N. adopted in 1947 which envisaged the Council as a "fact-finding, standard-making, coordinating body responsible for the collection and dissemination of information concerning nurses and nursing at the international level." Marked growth has taken place in this area of function as member countries and related groups become aware of assistance readily available.

A further activity is found in the publication of *The International Nursing Bulletin* which appears quarterly, edited by the executive secretary, Miss Daisy Bridges. Articles appear from time to time in English, French, and German. The *Bulletin* is an aid in the interpretation of current developments in international nursing and merits a much wider circulation. To this end, the purchase of this publication for the library shelves of nursing schools and public health agencies is recommended.

After many years of planning and negotiation the Florence Nightingale International Foundation came within the general framework of the I.C.N. (as a legal entity) at the conference in Stockholm. Subsequently, a Council for the Foundation was appointed which held its first meeting in London in March of this year. Already an able director to guide its activities is sought. The Foundation's Council, which has assumed responsibility for the development of certain phases of

nursing education, has considered an initial program, including the establishment of an information bureau on post-basic nursing facilities throughout the world together with certain research activities. After a time there should emerge clearly defined relationships between the work of the Florence Nightingale International Foundation within the International Council of Nurses and the I.C.N. as a whole, since at the present time both are concerned with the field of nursing education. Admittedly a long, difficult step has been taken in bringing this body within the orbit of the Council and in the long run benefit should accrue from closely coordinated efforts for the education of nurses in all parts of the world.

Perhaps the most striking development in the affairs of the organized profession on the international level has taken place in the area of relationships. The I.C.N. is now a member of the International Hospital Federation, has applied for membership in the World Federation for Mental Health and, most significant of all, is in official relationship with the World Health Organization. Resulting from this latter relationship certain tangible results can be attributed to the influence of the Council—namely, the appointment of two nursing consultants to the Secretariat; the establishment of a nursing section; and the setting up of an Expert Committee on Nursing which held its first meeting in Geneva last February. The committee is composed of appointees from seven countries and includes the executive secretary of the I.C.N. as a co-opted member.

At its first meeting the committee adopted the report of the Education Committee of the I.C.N. (presented in Stockholm in June, 1949) as a basis for discussion. A copy of it will be circulated to all governments in membership with the World Health Organization. Moreover, it is anticipated that the recommendations of the report of the Expert Committee (having been presented to the assembly) will be accepted: one of these suggests that the I.C.N. be asked to collaborate in certain research projects sponsored by WHO.

Thus a cursory glance reveals that "the fields are white unto harvest," that much assistance in improved service and preparation is sought and that this is equally true of opportunities within the framework of the organized profession and of its relationships with outside bodies. In each of these areas further steps in development and coordination are desirable. So much for the need which is apparent and pressing. What is the chief deterrent in meeting it? It is a stark fact that the world is a large place and that much of the assistance which the Council is prepared and anxious to give is costly. To meet the opportunities at our doors, the staff should be augmented so that field visits could be made to evaluate the status of nursing and to stimulate progress in countries seeking help in the hope that ultimately they might come into membership with the Council. Added to the 16 countries having national associate representation are many others in need of the kind of help which can be given only through the field visit of a mature, experienced person. To increase the staff so that necessary time may be spent in travel and to meet expenses involved in the process, financial resources are required quite beyond the present ability of the Council to provide. Recent action regarding an increased per capita fee gives welcome relief but is still not commensurate with current opportunities. Herein lies a major problem which will have to be shouldered chiefly by member countries with financial resources.

National Opportunities and Responsibilities

With this fragmentary picture of the growing strength, actual and potential, of organized nursing at the international level let us examine its relationship to the association now in convention assembled. Clearly the effectiveness of all international effort is conditioned by the national units of which it is composed. It can be no

stronger in spirit, in performance, and in resources than the sum total of these. In the very nature of things the Council is limited by the professional and financial strength of its national constituents and the degree to which they put their shoulder to the wheel for the common good. The countries call; the barriers are down; but whether these opportunities are embraced or denied depends on the degree to which our individual and corporate imagination can grasp their significance and act upon it. In reality international achievement can be no more, no less, than the strength of that line of responsibility linking the district unit, the provincial association, and the national body with world necessities. The professional need of the hour will be met in the proportion to which each individual with sympathetic understanding and adventurous courage resolves to meet the challenge. If in times past there has been a place for the pessimist, for the defeatist (and this is doubtful) that time is not our time. As a professional group let us think broadly and deeply so that courses of action decided upon will influence the furtherance of world nursing.

Growth in Certain Concepts

Passing on from a consideration of matters national and international and accepting the premise that corporate strength is dependent upon individual growth, we turn to consider certain qualities necessary to progress in this day so fraught with complexity and so replete with challenge. I submit that a growth in the concepts of maturity, of unity, and of peace are acknowledged essentials in present-day living. If this be accepted let us consider first what are some of the qualities of maturity which should be evidenced in the individual and the profession. Among many which could be discussed I single out three—namely, a sense of fitness, a sense of perspective, and a sense of values. Overstreet in a publication entitled "The Mature Mind," the reading of which I commend to you, puts forward the thought of constant growth, through learning, as the underlying principle by which maturity is achieved. This is his statement: "Human beings can and must learn new facts and insights as long as they are in the world which, changing rapidly, needs constant adjustments." If this be a fair hypothesis "he who runs may read" its individual and corporate application.

I have stated that as a first requisite maturity requires a sense of fitness. The individual who possesses this sense is one who acts becomingly in life's situations, both unexpected and anticipated. A background of knowledge is predicated which, as it increases, is continually becoming wisdom. Thus knowledge through understanding, through insight, through experience, ensures fitting behavior when forced to make decisions. Moreover, responsibility is assumed willingly as life increases in complexity. Through an imaginative ability to see the point of view of others, favorable relationships are established so that maturity is reflected in an increasing capacity to work with and through others. This sense of fitness, therefore, is shown in the exercise of good judgment in all of life's relationships.

A second quality which will repay cultivation is a sense of perspective. So often we meet people quite incapable of standing back to view the total situation. They see one segment but their interest becomes so engrossed in that segment that they never see the whole circle; they go off at a tangent we say, or their horizon is limited. They are incomplete in concept, ineffective in action because they have failed to see their specific interests in the light of the total situation. The behavior of the mature person is determined through an analysis of inherent factors, yes, but always in viewing them as parts of a whole.

Again the mature person possesses a sense of relative values. She will be interested in many activities but will satisfy herself as to the relative importance of each. She will recognize that the spiritual dimension in life is

just as much a part of the individual as the physical, the mental, or the social and that all four need development in well-balanced living. For this person, faith, integrity, courage, purpose will be keystones in the development of character which maturity will consider to be an ultimate goal of life. Moreover, the person holding a mature philosophy of life will find inspiration in the thought that professional work, through personal worth, skilled service, and good citizenship, contributes to improved living for herself and for others and thus to life's ultimate goals.

And now we come to grips with certain attributes of the mature profession. Given individuals who strive for and have achieved a large measure of maturity, what are the particular qualities which one may reasonably expect to find in a profession composed of such individuals? Perhaps the first requisite in professional achievement is sustained interest. How many there are who make a good start but wno fall by the way! They are incapable of patient, continuous effort over a long period of time. Enthusiasm, a necessary quality in itself, ensures a good start, but these persons forget that history has been a long time in the making and that worthy pioneers have lived and died without seeing the results of their labors. While mature members hold the fort through dint of trust and persistence, their ranks should be renewed continually by an influx of new members. It was Disraeli who said that the political party of which he was chief must be replenished constantly by a stream of new life if it were to survive. This principle operates in all of life's activities. Somehow then the wisdom of the mature must blend with the vigor of youth so that accomplishment may be perpetuated and enhanced.

Further the mature profession accepts responsibility for the solution of its problems. They do not falter, thinking the task to be too great. With an open-minded, stout-hearted approach and through sound, adventurous leadership they will seek first to define the problem and then to solve it. There should be an urge for exploration, for path-finding, for trying new things in a new way. To experience the joy of the creative in meeting community needs more fully is to achieve the peak of professional maturity. Assuming the role of a profession, let us be professional in truth in seeking to solve our own problems through study and investigation leading to creative action. This constitutes a challenge to educational institutions to provide facilities whereby researchers can be prepared and to the profession to persuade promising candidates to undertake the preparation.

Finally, the mature profession will sense a relationship to life's broader interests within our own borders and beyond. In community service there will be a reaching out to join forces with other constructive elements and thus to strengthen and increase the total service rendered. *To realize that in this age national and international effort is as much a part of life's opportunities as is community enterprise; to recognize that the national and international interests of nursing are bounded by the numerical and financial strength of the provincial and district association; to accept the fact that through strong support of professional effort at all times, influence can be brought to bear upon world effort; to believe that full professional participation is the key to professional achievement both at home and abroad is to be mature in outlook and practice.*

Given the mature individual influencing the achievement of maturity in life's interests and relationships, a second concept, that of unity in purpose and action, will be more readily achieved. It is impossible to watch current trends in the fields of medicine and nursing without detecting the increasing degree to which health forms the common denominator in the objectives and practice of both: no longer is there a marked cleavage in the aims of those whose work is predominantly curative and those whose specialty is prevention. The current emphasis is upon unity, not division; upon one goal—health

tor the individual, the community, the nation, and the world. This is seen in the administrative practices of health departments and hospitals: both work together to give the best possible health care to the individual for in no other way can continuity be established. When prevention fails and hospitalization is indicated the individual remains the minimum time in the institution, receiving care which has health significance, and is returned at the earliest possible moment to the community where increasingly the public health nurse in some phase of her practice picks up the thread and carries on. Again this principle is operative in an evolving concept of nursing care. No longer is it thought that nursing relates to illness more than it does to health with the consequence that all branches of nursing, whether predominantly curative or preventive, contribute to one field and hold one goal in common—more health for the people. Carrying this thought a bit farther we see that such a philosophy affects the preparation of workers for both medicine and nursing. Prevention is introduced into medical and nursing curricula in order that the clinical practitioner in preparation may be given a start toward health knowledge and practice. In fact for some years in the undergraduate work of certain university nursing schools the teaching of nursing includes the preventive as well as the curative and the degree obtained qualifies the recipient for the practice of nursing in both of these fields. And, further, in certain schools of hygiene, the hospital administrator is prepared for his first degree, since it is held that he will assume responsibility for an institution which represents one unit of community health endeavor. Of special interest is a recent development in the teaching of schools of hygiene and of nursing in certain university centres whereby doctors and nurses, preparing to administer public health and public health nursing services respectively, have met in joint seminars to discuss their mutual problem.

This philosophy is further exemplified by the Community Welfare Council which aims, by joint planning and action, to make possible at the community level health and welfare services, both efficient and economical. There is evident also in the planning of convention programs within the organized profession a desire for all to meet together in open or general sessions and for a cross-section of the personnel of all branches of nursing to gather in work groups to grapple with problems common to all. Yes, the profession is united today to a degree thought impossible a quarter of a century ago. More than any other trend it may help us to negotiate future hurdles with success.

There remains but one further concept, the growth of which can be touched upon only. I refer to the concept of peace. Certain subversive use of scientific discovery and recent ominous events in the political realm to the contrary, there is a real sense in which the ideal of world citizenship and its potentialities for peace have taken hold of the individual and the nation: the preservation of peace through mature attitudes and practices, through unified purposes and actions, is of truth our most vital concern. The greater the degree of maturity shown by understanding compromise and the greater the will to unite through a sacrifice of secondary interests for the sake of corporate good, the greater will be the likelihood of the effective maintenance of peace. Unlike certain other benefits bestowed without the asking, a state of freedom, of peace must be planned for, worked for and, if necessary, fought for by each succeeding generation. Thus it is emphasized that each year of peace is a year of victory. If the individual through conviction and through intelligent, persistent effort may become a vital force in the moulding of public opinion, how much greater can be the influence of thousands of professional workers in every corner of the globe banded together with similar professional needs and aspirations. Focusing upon professional problems and their possible solution, more understanding is gained

and the value of peaceful ideals and methods enhanced. In these momentous days with their conflicts in ideals and practices crowding in upon us, we are reminded of the quotation: "In such great developments twenty years are but as one day and there may come days which are the concentrated essence of twenty years." Truly these days, with their unprecedented opportunities for professional enrichment and world solidarity, are ours. It behooves us to embrace them through supporting to our utmost the international organization which has influenced and will influence increasingly the best interests of nursing and of peace.

In the Good Old Days

(The Canadian Nurse, September 1910)

"Should a hospital be a municipal institution or be conducted by philanthropic societies or church organizations? There are many who condemn a municipal hospital for the main reason that it stifles philanthropy and, again, that politics, entering into the management of the institution, renders it inefficient . . . As hospitals were never instituted simply to develop philanthropy but to care properly for the sick, it seems to me that the system which, taking into account local conditions, will provide the best-equipped hospital is the one to be chosen . . . There is no good reason why men and women of wealth should not give to a municipal hospital . . . it is a great comfort to be assured a fixed income and be relieved of the annual task of raising funds by subscription."

* * *

"It is a good plan to combine the positions of superintendent of nurses and matron under one person. The duties interlace so much that less friction will arise if the superintendent of nurses, besides having charge of the training school, be responsible for the housekeeping."

* * *

At a meeting of the Executive of the Ontario Nurses' Association the question was raised as to "what position the Association wished to take on Woman Suffrage . . . After some discussion the question was left over for further consideration."

* * *

"Montreal, Winnipeg, Vancouver, Hamilton, Brantford, and now Toronto have established the work of the School Nurse as an integral part of the work of the Public Schools."

* * *

"As we go to press the news is received of the death of Miss Florence Nightingale, O.M., in her ninetieth year. So closes the good and great life of one of the noblest of England's daughters."

* * *

"The nursing of the future is visiting nursing. All developments of the present day point that way. Tuberculosis nursing, school nursing, social service work in connection with the hospitals, factory nursing—all are along visiting nursing lines. . . One of the most recent extensions of visiting nursing is found in the nursing care given to the sick policy-holders of one of the large insurance companies—the Metropolitan Life Insurance Co. This branch of visiting nursing was started in New York in June, 1909. . . It is more recent in Canada. Montreal started it in January, 1910; Ottawa in March."

No one likes to hang about for hours waiting for work and then to be swamped by too much of it: nor does your stomach. It works best and without grumbles if it is fed at regular times and without rush. And so if you are tired or worried you should eat a smallish meal and make up for it later when you are less rushed or upset. Some people digest quickly but can't take much at a time and for them frequent though small meals may be necessary. Conversation at meal-times should be cheerful and peaceful.

—National Health Association

Public Health Nursing

Closing the Gap in the Tuberculosis Program

MURIEL CLARK

Average reading time — 13 min. 36 sec.

AROUND 1900 several state and town Anti-Tuberculosis Societies came into existence. By 1901 the Canadian Tuberculosis Association took its place as one of the most important health bodies. People had become tuberculosis conscious. They organized to protect themselves and the campaign was hopefully begun. The cause of tuberculosis had been found, the source of infection was fairly well understood, its mode of transmission fairly well grasped, sanatoria were being built for the care of all stages of the disease, and the then ultimate in treatment—fresh air, food, and rest, together with the continual education by doctors, nurses, and especially the cured patient himself—seemed to point to a swift and complete eradication of the disease.

Unfortunately, this hope has not been realized. Some 50 years of effort have taught us many things. Although the death rate was cut in half during the first 30 years of the campaign and reduced another 40 per cent in the next 10, we have learned that tuberculosis cannot be eliminated by applying a few well-planned rules to obvious situations. Rather, we now know that an incalculable number of difficulties, having their roots deep in the social structure of our cities, towns, and rural communities, enter into the problem. It was a comparatively simple matter in the beginning to make contact with the far-advanced case. When sanatorium care was available, he was removed from his home to prevent spreading his infection. But, there has proved to be much more than this to the problem as knowledge has increased. Even among intelligent citizens, education, for the purpose of getting the early case spotted and under adequate treatment and for the persistent precaution against the spread of infection, is still an uphill process. Dealing with contacts has not been as simple a matter as was contemplated. Even the sanatorium patient did not always preach the doctrine of prevention taught him and unless carefully followed up he frequently succumbed to a relapse.

Poverty, and the shiftlessness and weakness of character that go hand in hand with it, still continue to be the most abundant sources of the disease. Certain industries have been found to create hazards and have a higher tuberculosis incidence among the employees than others. Everything that prevents normal development is grist for the tuberculosis mill. Bad housing, overwork, low wages, lack of recreation, and all poor conditions of personal, family, and community hygiene have their share in keeping the death rate up. There is a close correlation between economic stress—be it local or national—and the problem of tuberculosis.

When all is said and done, any movement that contributes in any way to the improvement of the general health of the people has a direct bearing on tuberculosis. That is why it is so imperative for the specialist in tuberculosis, physician or nurse to know and understand all phases of public health and to be keenly alive to anything in policy or administration which contributes or detracts from the possibility of eradicating this disease. It would be impossible in this article to do anything but

Miss Clark is with the Saint John Tuberculosis Association, N.B.

mention one or two phases of public health that have a very definite influence on tuberculosis control.

You already know the danger to be found in an unprotected milk supply. Nurses of today will probably never see the crippling results of tuberculous bone conditions which so frequently came to light 20 to 30 years ago, mostly as a result of feeding children with milk from tuberculosis-infected cattle. Public health authorities attempt to have all cattle tested for tuberculosis and have all milk pasteurized. Nevertheless, in the face of this we know that even yet many children are getting dangerous or potentially dangerous milk. There is still education needed in this respect.

Another and more obscure contribution to the prevention of tuberculosis is found in the infant welfare programs. Rickets, once much more commonly found than today, is the result of poor feeding and unhygienic standards of living. Rickets in the infant means malnutrition and faulty bone development, including that of the chest, with an accompanying poor musculature. The rachitic child, because of his under-developed chest and other deficiencies, was a frequent subject for pneumonia and similar respiratory diseases. This increased his susceptibility and he became a potential, if not an actual victim of tuberculosis, perhaps not observed in childhood. Untreated, he carried his early infection into adolescence and adult life, helping to swell the ranks of those needing treatment for tuberculosis. Markedly improved methods of feeding infants are rapidly eliminating this type of individual.

Thus far I have attempted to prove that tuberculosis is bound into the warp and woof of our social order. In that respect it differs from any other disease, with the possible exception of the venereal diseases. For that very reason it presents to us a mighty challenge to which every trained nurse should be prepared, even in some small way, to respond. Every nurse, whether she is a public health nurse or not, is in a position, by virtue of her training, to exert a powerful influence in the community where she lives and practises. She is able to observe more intelligently, understand more thoroughly, and even be the guiding hand in many situations. Perhaps the most important part of a tuberculosis program is the prevention and education that takes place outside the hospital. In this the public health nurse has a very important role, whether she be engaged in a generalized service or in a specialized one. In addition to being aware what the actual care of a tuberculous patient entails, she must understand every phase of the disease as it affects the individual, the family, and the community. Above all, she must be a teacher, a quality unfortunately lacking in many public health nurses because it is not part of their basic preparation. There are certain fundamental principles which the nurse must follow if she expects to get results in her work.

The main objectives of a good tuberculosis program are: case finding, case holding, case treatment, rehabilitation after treatment, and case prevention. The nurse has a positive place in the attainment of each of these objectives.

Case Finding

Every case of tuberculosis must be located, whether it is active, potential, or arrested, as well as all contacts and susceptible cases.

Methods: Surveys; cases reported to board of health; cases reported by physicians; cases discovered by nurses in the course of their work, as in bedside nursing, infant welfare, or school health supervision; cases seeking help as a result of a good educational program; contacts; cases discovered while seeking source of infection.

Care and Supervision

This should be as follows:

To secure adequate medical and nursing care for all cases and to encourage and supervise their continued treatment.

To protect the family and community by teaching measures of prevention.

To secure periodic examination of

those already exposed to the infection, especially growing children.

To supervise the health of these contacts and pre-disposed cases and to build up resistance by promoting good health habits; securing for them the benefits of preventoria, open-air schools, or nutrition classes, if institutions are available, and to promote their establishment if not available.

To secure the correction of defects when these defects retard normal development.

To arrange with other available agencies for necessary social and economic adjustments. Where such community agencies are lacking, their establishment should be stimulated by the nurse.

To follow up and supervise discharged sanatorium patients to make sure they continue their health program, which should include periodic examination, and to assist them in obtaining proper and suitable work when necessary.

To keep records of all cases as an aid to the intelligent care of patients; as a basis for reports of service rendered; as a means of better cooperation with other agencies; as a guide to future plans; as a key to proper understanding of the local tuberculosis problems.

Case Prevention and Education

Stimulating the patient, the family, and the community to the proper attitudes towards tuberculosis may be done by teaching people, individually and in groups, the nature of the disease and the need for early diagnosis, the method of its transmission and the measures to prevent its spread.

To warn against the dangers of quack, non-scientific cures, and patent medicines.

To promote health measures, living conditions, and personal habits which will tend to build up the resistance of every member of the community.

To promote periodic health examinations for all.

In dealing with the individual case there are certain specific points which the nurse must know:

Is the patient an active case of tuberculosis? An arrested case? A suspect? Has he positive sputum? Has he had a complete examination? If not, why not?

Is he under definite medical care and whose? Is the case reported to the board of health?

Does the patient, or some responsible member of the family, know the true diagnosis of the disease? If not, why not?

How many contacts are in the home? Age and sex? Have they been examined? When? By whom?

Is the nursing care adequate?

Has the source of this infection been determined? If not, why not?

In securing the social history of the case, the nurse will need to know such things as:

Is the income adequate? If not, how can it be supplemented—by family, relatives, insurance, or by some organization? What other agencies are in touch with the case? Have they been consulted?

What other problems are outstanding in the family—diet, clothing, housing and sanitation, management, employment, neglect of children, attitude and cooperation.

As a measure of protection for the community the following information should be obtained:

Are precautions observed? If impossible to have them observed, has the board of health been notified? Have premises been cleaned after death or removal of a communicable case?

If the patient has left your district, has the health organization at the new address been notified?

Have all necessary information and work done on the case by the nurse been properly recorded?

Tuberculosis is a communicable disease—just as scarlet fever, diphtheria, and all the others are. Once the acute stage is over, and the patient has carried out the necessary treatment, ***he is as free from germs as any normal individual.*** This is a very important point, for it is only by breaking down and erasing that idea in the public's mind that we can rehabilitate the individual and have him again take his place in society. I feel this can only be done through education of the public, through our nurses' knowledge of the infectivity of the disease, and through literature. Every time a patient is diagnosed as an active case of tuberculosis always

bear in mind that he is ill mentally as well as physically.

1. He suffers from a disease people fear. He realizes this and it is a considerable shock to him.

2. He also realizes he has a disease which will keep him in bed for months—perhaps longer.

3. If he is married, he worries about his family financially. All these things tend to make him depressed and irritable, regardless of the fact he attempts to appear cheerful to those around him.

The nurse's work begins when a patient's condition is first diagnosed. We visit the home, advise the patient regarding treatment, teach precautions, and have all members of the family examined. If the case is a healed one or only suspicious we must look for the infector. This may not be in the immediate family at all, so it requires much tact and many channels for investigation. It may prove to be a neighbor, a relative, a fellow workman. Before we go outside to search we must first examine the immediate family.

It is very important to investigate the home conditions. If the patient is the bread-winner with a large family, how can he go to bed or be hospitalized when his family has no means of support? This is a vital factor as he cannot stop working or worrying until the problem is solved. Such a family can be recommended for mother's allowance. If it is not enough, rent, food, and clothing must be provided. Welfare agencies should be called in to help.

Whether or not I have given you a bird's-eye view of the place of the nurse in this program of combatting tuberculosis, I shall not be able to tell. At least I can leave this one simple thought with you. There is a big gap between knowledge and practice in the present-day health habits of the people. Science in a few short years has changed our whole concept of health practices and has given us prevention and positive health as the goals toward which we now aim. People need constant teaching so that the gap may be closed. If we, as nurses, intelligently keep ourselves informed of each new preventive measure as it is accepted as sound and practical, and be prepared to pass on this knowledge, we will be doing our bit toward bridging this gap.

Health and Low-Temperature Environments

Dr. Jack C. Haldeman, of the U.S. Public Health Service, who is in charge of the Arctic Health Research Centre in Alaska, states that investigations have revealed numerous gaps in scientific knowledge of the effects of low-temperature environment on health. He pointed out, for example, that previously unknown foci of echinoccosis infection (a type of tapeworm in animals which causes frequently fatal cysts in man) have been discovered among both wild and domestic animals in Alaska.

This disease, Dr. Haldeman explained, assumes considerable public health significance in arctic environments in view of the close association between human beings and animals, especially dogs, in cold areas.

Another significant development reported by Dr. Haldeman was the discovery of trichinosis among arctic marine mammals, such as whales, which are an important part of the diet in the coastal regions of Alaska. Dr. Haldeman said this problem had taken on additional emphasis with the further discovery of trichinosis among arctic carnivora.

Dr. Haldeman said that studies in human parasitology have revealed a high percentage of fish tapeworm among native residents in fish-eating areas. Further studies of this problem, he said, are scheduled.

Why does a pain "hurt"? The surface of the body is blanketed with millions of "pain spots" where pain nerves end. When any of these nerve endings is agitated or disturbed, it flashes a message to the brain. The brain then weighs this message, evaluates it in terms of so much pain.

Aux Infirmières Canadiennes-Françaises

Service Sociale des Groupes

SIMONE PARÉ

Average reading time — 24 min. 48 sec.

LE SERVICE SOCIAL comme profession est quelque chose de relativement nouveau. La première école de service social, celle de New-York, fut établie en 1898. Chacun sait pourtant que, bien avant cette époque et même depuis toujours, des bénévoles et des non-professionnels avaient recherché les moyens de diminuer la misère humaine, tant physique que morale, et avaient consacré à cette oeuvre toutes leurs énergies. L'ampleur de la tâche à accomplir, la nécessité d'une préparation scientifique pour bien l'accomplir, et l'avancement des sciences psychologique et sociologique donnèrent peu à peu naissance par la suite au service social professionnel. Il en fut certainement de même de l'évolution de la profession d'infirmière car les gardes-malades graduées, tout comme les travailleuses sociales diplômées, sont issues d'une longue lignée de pionniers bénévoles de la charité.

On a défini le service social moderne comme "l'art d'adapter l'homme à la société et la société à l'homme, ou l'art d'aider les autres à s'aider eux-mêmes." On a dit que le travailleur social était un technicien des relations humaines. Ces expressions semblent très justes. Il faut aider l'être humain à s'adapter psychologiquement aux personnes et aux conditions de vie qui l'entourent, de la même façon qu'il faut aider son corps à se protéger ou à réagir contre les agents nocifs qui en menacent l'équilibre physiologique. Il faut adapter la société et ses multiples rouages d'assistance et de sécurité aux besoins réels de l'homme, afin que cette société ne devienne pas en quelque sorte une immense machine déshumanisée qui broie celui qu'elle devrait secourir et assister, qui ne tient pas compte des réalités individuelles et familiales, et qui les détruit au lieu de les fortifier. Remarquons bien le respect de la dignité et de la liberté humaines impliqué dans le service social—"art d'aider les autres à s'aider eux-mêmes." Le client demeure toujours libre d'exécuter ou de ne pas exécuter les plans de réadaptation qu'il élabore avec le travailleur social. Celui-ci ne lui impose pas sa volonté mais le laisse prendre l'initiative et accomplir l'effort qui est la première condition d'un relèvement véritable et durable.

Le travailleur social moderne est préparé par des études de deux ou trois années dans des écoles universitaires appropriées qui sont au nombre de huit au Canada. On lui enseigne des techniques d'approche, d'observation, de réadaptation, de réhabilitation, basées principalement sur la psychologie, la psychiatrie, et la sociologie. On développe en lui une personnalité professionnelle comparable à celle qui distingue l'infirmière de la gardienne bénévole de malades—c'est-à-dire une facilité à utiliser consciemment et de façon responsable son moi professionnel, pour rendre les plus productives possibles les connaissances et les qualités acquises ou perfectionnées pendant les études professionnelles. On met le travailleur social à même de se servir de trois méthodes spéciales qui sont: celle du *service social personnel*, celle du *service social des groupes*, et celle de *l'organisation communautaire* en service social:

Mlle Paré, professeur à l'Ecole Sociale de l'Université Laval, Québec, a pris part au forum, intitulé "Aperçu sur le Service Social," à la 30ième assemblée annuelle de l'Association des Infirmières de la Province de Québec.

Le *service social personnel* traite individuellement la personne humaine, en travaillant aussi sur son milieu; le *service social des groupes* s'occupe d'aider les individus à s'adapter et à collaborer au sein de petits groupements de loisir, de culture, d'éducation populaire, d'étude ou de discussion; enfin, la méthode *d'organisation communautaire en service social* veut aider les groupes et les représentants de groupes à se partager les responsabilités d'une action collective et à en évaluer les résultats.

La méthode du service social personnel peut s'appliquer dans une multitude de champ d'action. On connaît le service social familial, le service social psychiatrique, le service social industriel, le service social scolaire, le service social des prisons et des cours de jeunes délinquants, etc.

Je vous parlerai moi-même de la méthode du service social des groupes, telle qu'elle pourrait s'appliquer auprès de certains types de malades et aussi auprès du personnel des hôpitaux à leurs heures de loisir.

Les énoncés que vous venez d'entendre vous ont permis de constater que le service social personnel tente de résoudre les problèmes des clients par une approche individuelle qui s'étend aussi au traitement du milieu.

La seconde méthode de la profession, celle du service social des groupes, emploie de son côté une approche à la fois individuelle et collective. Elle ne perd pas de vue la personnalité du client, mais elle invite celui-ci à se joindre à un milieu, à un groupe spécial, de récréation ou d'étude, où on pourra déceler les manifestations, les symptômes de ses mésadaptations et y remédier dans la mesure du possible, en l'aidant d'abord à établir de bonnes relations avec les autres membres du groupe et avec le travailleur social, puis à participer activement à la pensée et à la vie du groupe.

Groupes en Général

D'abord pratiqué surtout dans le domaine de l'organisation des loisirs et de l'éducation populaire, le service social des groupes s'est aujourd'hui introduit dans les hôpitaux, les institutions pénales, les foyers pour enfants, les hospices, les écoles publiques, les groupements d'infirmes, les associations religieuses, les mouvements de jeunesse, en un mot, partout où l'on croit à la valeur du groupe pour faciliter le développement social de l'individu et pour l'aider à mieux s'adapter à son milieu familial, à sa profession ou à son école, et à la vie civique.

Le service social des groupes est donc une méthode d'éducation qui poursuit deux buts distincts: d'abord, le développement personnel et l'adaptation de chaque membre du groupe; puis l'utilisation de l'association pour la poursuite de fins socialement désirables qui ont nécessité de la planification, une répartition des tâches, et une évaluation faites par le groupe. La poursuite de ces buts peut s'appliquer dans une situation concrète aussi simple que celle d'un groupe d'enfants réunis pour le jeu, tout comme dans un groupe d'adultes qui se sont donné pour objectif d'étudier et d'améliorer les conditions de vie de leur quartier ou de leur communauté. Dans l'une ou l'autre situation, il s'agit, pour le travailleur social, de créer entre lui-même et chaque membre une relation positive réelle, d'aider les gens à s'accepter et à s'adapter dans et par la vie du groupe, et d'orienter l'activité en apportant des suggestions, des idées, et en aidant les membres à canaliser, à enrichir, et à utiliser toutes les ressources venues d'eux-mêmes. Certains éléments nécessaires à l'application de la méthode apparaissent tout de suite:

Eléments d'homogénéité: Homogénéité d'âge, surtout dans les groupes de jeunes où existent des divisions bien tranchées; homogénéité d'intérêt pour les groupes d'adultes où l'âge devient un facteur moins important, dans cette longue période qu'on appelle la maturité.

Elément de stabilité: Tout travailleur social sait qu'un traitement efficace exige la régularité du client et, ici, chaque membre est en quelque sorte traité par sa relation suivie avec le travailleur social des groupes et aussi par la fréquentation assidue des mêmes personnes à l'intérieur du groupe. Ordinairement, un groupe se réunit chaque semaine.

Elément de limitation du nombre des membres: On sait par expérience qu'il ne s'établit pas de relation profonde et effective lorsque les membres d'une collectivité sont trop nombreux pour se bien connaître ou trop nombreux pour que le travailleur social puisse les bien connaître et les aider à établir de meilleures relations entre eux. Un groupe en service social compte généralement de 12 à 15 ou 20 membres à la fois.

Des connaissances psychologiques adéquates permettent au travailleur social des groupes de saisir les affinités qui font que des clients de tel âge peuvent former une collectivité qui fonctionnera heureusement, tandis que des membres plus âgés ou plus jeunes ne pourront pas s'y intégrer ou y être acceptés. Il est aussi possible, quand on connaît les besoins psychologiques correspondant à chaque période d'âge, d'orienter le programme du groupe de telle sorte que les intérêts des membres soient satisfaits par l'activité présentée. Il est bien important également de savoir que les enfants d'âge scolaire, qui satisfont leur besoin de socialisation dans les petites "gangs" ou bandes dont ils gardent jalousement les secrets, ont énormément d'ambivalence à l'égard des adultes et que le travailleur social, qui serait assez mal avisé pour s'opposer ouvertement aux chefs naturels de ces bandes ou pour contrecarrer systématiquement les opinions et les projets du groupe, serait voué d'avance à l'insuccès. L'approche des adolescents requiert aussi des aptitudes et un doigté bien particulier et le contact doit encore être effectué différemment si on a affaire à un groupe d'adultes ou de vieillards. Tour à tour substitut parental, idéal à imiter, ami professionnel, instructeur ou aviseur, le travailleur social doit maîtriser aisément ses attitudes et ses techniques s'il veut demeurer à la hauteur de sa tâche.

Remarquons qu'il ne s'agit pas là de groupes dont les membres présentent de véritables problèmes de personnalité, mais de réunions d'individus qu'on a convenu d'appeler normaux. Un enfant peut être considéré comme normal et rencontrer, à cause d'une situation familiale particulière, des difficultés d'adaptation à ses petits voisins ou à ses camarades de classe qui lui rendront extrêmement utile, sinon nécessaire, la participation à l'activité d'un groupe et l'aide d'un travailleur social spécialisé. Un adulte peut éprouver encore les mêmes difficultés s'il n'a pas eu l'opportunité de triompher plus tôt des obstacles rencontrés dans le processus de sa socialisation. On découvrira peut-être que ses problèmes conjugaux ou professionnels proviennent d'un refus d'accepter les responsabilités ou de collaborer et il peut arriver que l'intégration active à un groupe fasse disparaître peu à peu ces lacunes. Enfin, disons que tout être humain, dans quelque condition qu'il se trouve, ne reçoit jamais la somme d'attention individuelle dont il aurait besoin et que la relation avec le travailleur social et avec les autres membres d'un groupe a souvent un effet significatif sur l'épanouissement d'une personnalité.

Dans le Milieu Hospitalier

Puisqu'il s'agit d'exposer ici les applications possibles de la méthode du service social des groupes dans le milieu hospitalier, disons qu'elle pourrait s'utiliser avec fruit auprès du personnel, pendant les heures de loisirs et, auprès des malades, dans certaines conditions spéciales.

Auprès du personnel, par exemple, auprès des aides si nombreuses employées dans les institutions hospitalières, le travailleur social des groupes agirait comme coordinateur et orienteur des activités de loisirs. Fidèle à son principe d'aider les gens à s'aider eux-mêmes, il mettrait en valeur les ressources du milieu, les talents et les aptitudes naturelles à la direction, pour transformer les périodes de loisirs non seulement en périodes d'amusement mais en véritables périodes d'éducation sociale, au cours desquelles se résoudraient peut-être plusieurs des problèmes de personnalité et d'adaptation qui expliquent les courtes durées d'emploi si fréquentes en ce domaine.

Auprès des malades, il suffit de se rappeler certaines caractéristiques psy-

chologiques de toute personne hospitalisée pendant un laps de temps appréciable, pour admettre les ressources précieuses que peut apporter le service social des groupes.

Nul n'est mieux placé que l'infirmière pour savoir que les meilleurs traitements médicaux ou chirurgicaux peuvent échouer quand le moral d'un patient, tel que le tuberculeux, le malade osseux, ou le névrotique, tend obstinément à se maintenir à un bas niveau.

L'amertume de l'isolement, l'impression d'être seul à souffrir de telle façon et à connaître tels problèmes, la peur secrète qui accompagne le désir de réintégrer la vie normale, sont des sentiments communs, souvent néfastes, à l'hospitalisé. On a si bien reconnu l'utilité de la méthode du service social des groupes pour contrebalancer ces fâcheuses influences que plusieurs institutions hospitalières, surtout américaines, ont invité un travailleur social des groupes à se joindre à l'équipe du médecin ou du psychiatre, de l'infirmière, et du travailleur social personnel, déjà mis au service des malades. Avec ses techniques d'approche individuelle et collective, distinctes des techniques de la récréation et de la thérapie par l'occupation, le travailleur social des groupes du milieu hospitalier a déjà à son actif de belles réalisations.

Dans un hôpital psychiatrique de Cleveland, un groupe de six malades mentaux—timides, déprimés, et complètement asociaux—se réunit une première fois pour un période de temps au cours de laquelle la travailleuse sociale ne réussit qu'à jouer individuellement une brève partie de dames avec deux d'entre eux. Après trois mois et demi d'efforts renouvelés chaque semaine, la travailleuse sociale put ramener suffisamment ces malades à la réalité et aux nécessités de la vie sociale, pour qu'ils collaborent avec enthousiasme dans la préparation de goûters et de programmes réguliers de détente. Elle avait réveillé leur confiance en eux-mêmes, leur intérêt pour une activité extérieure, leur capacité de se lier avec d'autres et d'acquérir un certain esprit de corps. Signalons aussi la valeur d'observation des dossiers hebdomadaires rédigés sur ce groupe, pour la poursuite du traitement psychiatrique auprès de chaque malade.

Un dossier provenant d'un hôpital de Pittsburgh rapporte, d'autre part, un intéressant travail de collaboration réalisé entre une travailleuse du service social personnel et une travailleuse sociale des groupes. Le client était un jeune vétéran, infirme d'une jambe et atteint de mélancolie évolutive. La coopération du malade avec le psychiatre et la travailleuse sociale psychiatrique ne fut rendue possible que par les visites répétées de la travailleuse sociale des groupes. Celle-ci, utilisant la passion et le talent du patient pour les cartes, réussit à le sortir peu à peu de sa dépression, en se faisant d'abord donner à elle-même des leçons de bridge, puis en créant, à l'aide du même prétexte, des contacts entre ce malade et d'autres hospitalisés. Après cinq mois de ce travail d'approche, le vétéran accepta enfin de causer avec le psychiatre et permit qu'on communiquât avec sa famille, afin de l'inviter à coopérer à son traitement.

Deux autres exemples, puisés dans les dossiers d'hôpitaux militaires, montrent le succès du service social des groupes auprès d'hospitalisés normaux au point de vue mental.

On mentionne un groupe de discussion que des blessés de guerre formèrent et utilisèrent, avec l'aide d'une travailleuse sociale, pour étudier et résoudre leurs problèmes de réadaptation à la vie civile. On cite aussi certains cas de chirurgie plastique, grands blessés de la face ou des membres, chez qui la participation aux discussions et à l'activité d'un groupe corrigea peu à peu des attitudes hostiles, déprimées, anxieuses, ou exagérément passives et irresponsables.

Le service social des groupes dans le milieu hospitalier est déjà une réalité vivante et bienfaisante chez nos voisins d'outre-quarante-cinquième. Il ne nous reste qu'à faire confiance à son idéal et à ses techniques pour l'introduire aussi efficacement chez nous.

Institutional Nursing

The New Look in Typhoid Fever

JEAN THIRLAWAY

Average reading time — 7 min. 12 sec.

WITH THE DISCOVERY of new antibiotics coming thick and fast upon us, I shall review the tremendous difference that one of these "wonder drugs" has made to the nursing care of typhoid fever. This drug is chloromycetin, prepared synthetically by a well-known drug house.

It has been used experimentally with surprisingly good results in the treatment of many diseases hitherto untouched by other antibiotics. Some of these diseases are: typhoid fever, pertussis, salmonella infections, bacillary urinary infections, undulant fever, and a group of diseases caused by the organisms known as rickettsia, notable among these being typhus fever and Rocky Mountain spotted fever.

Last summer, between June and September, we treated six cases of typhoid and paratyphoid fever and three of dysentery, caused by the *Shigella sonnei* bacillus, in our isolation unit with chloromycetin. Except for one child, who died two days after admission, the results have been very satisfactory.

On admission the stool or blood cultures of these children all showed evidence of *Eberthella typhosa*, the causative organism of typhoid fever; *S. paratyphosa*, the organism causing paratyphoid fever A; or *S. schottmuelleri*, causing paratyphoid B.

Although typhoid fever is a comparatively rare disease today, many of our nursing students graduating without ever seeing it, the odd case still crops up, particularly during the summer months, in spite of preventive inoculations. This would seem to be due to either the prevalence of flies during this season, or to the tendency of people in their country homes, or children at camp, to be less careful in investigating the source of their water supply.

To those who nursed typhoid during the past decade or earlier, it presents a fairly grim picture. We saw acutely ill adults and children running a very high fever for a long period of time, resulting in delirium at first and later extreme emaciation. These people presented a real nursing problem. How often have we sponged them, trying to reduce their temperature, only to have it soar up again in a few hours' time! One remembers the constant vigilance for signs of perforation and hemorrhage; the endless hours of scrubbing and disinfecting and trying to feed nourishing fluids to these often semicomatose individuals.

This picture has completely changed with the advent of chloromycetin. Perhaps it would emphasize the difference to compare the treatment of a child of 15 in our hospital with typhoid fever in September, 1948, and the care that would be given one of approximately the same age today.

The first child was admitted on approximately the 11th day of disease. She was acutely ill, irrational, and showed evidence of having been ill for some time. Her blood and stool cultures were positive and she ran a fever of 105°-106° for a week, then a typical swinging fever for

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a week, gradually decreasing to normal around the 33rd day of disease.

Now consider the second child admitted this year. Again the temperature was high—104° on admission. From the history we gathered that he had been ill about two weeks at home. He was also dehydrated and acutely ill in appearance. Blood and stool cultures were taken which proved to be positive. In view of the history and symptoms, a tentative diagnosis of typhoid fever was made. The child was started on chloromycetin the night of admission.

His temperature remained around 103°-104° for four days, was swinging between 97° and 104° for only two days instead of a week, became normal within a week following admission and remained there until his discharge. The moderately severe diarrhea cleared up within a week. His appetite and general well-being were good within that length of time.

This child presented far fewer nursing problems than the first one. Due to his shortened stay in hospital much less scrubbing and disinfection were required. As he was only acutely ill for four and a half days following admission, he required less strenuous nursing care. As his appetite improved in the same length of time he was no feeding problem. He lost very little weight during his hospitalization.

The dosage of chloromycetin, as prescribed by the manufacturer's research workers, is 50 mg. per kilogram of body weight initially; then 250 mg. every two hours until the temperature is normal (approximately three and a half days); then every three or four hours for a total course of eight to nine days' treatment. These dosages were initially advised for adults but we have used the same dosages for children with no evidence of toxicity. As this boy weighed 72 pounds on admission, the initial dose was 2,000 mg. We used eight of the capsules which are put up in the strength of 250 mg. per capsule. Thereafter one capsule was given every two hours.

As two of the patients so treated were small infants, the administration of the antibiotic presented a problem. The powder, when removed from the capsule, was extremely bitter to taste, so it was dissolved in the correct strength in a small amount of glucose and water solution and given to the infant by gavage.

The stool cultures from these children became negative very quickly and remained negative until the time when they were discharged.

The average length of stay in hospital was two to three weeks—quite a difference from the patients who used to stay two months!

The results of the treatment of typhoid fever by chloromycetin seem almost as dramatic as an old-fashioned pneumonia crisis and show a great deal of progress even in one year. Chloromycetin has certainly made the nursing care of typhoid fever a much lighter task. We hope that, in the near future, research workers may discover yet other diseases which react as readily to this drug as typhoid fever.

Nursing in Poland

A brief article in the *Information Bulletin for Red Cross Nurses* notes that the shortage of nurses in Poland is more acute than in any other country. Even before the war the number of nurses was not sufficient to meet the demand. During the war, for a period of five years, all nursing schools excepting one in Warsaw were closed. Since the war, 19 schools have been opened and graduate about 1,000 students a year. However, the increase in hospital beds has far outpaced the growth in the number of graduate nurses. There are at present some 10,000 graduate and practical nurses.

The Polish Red Cross was commissioned to organize courses lasting six months for the training of more nurses' aides. Ten such courses were given during 1949. It is hoped the number will be doubled this year.

Chloromycetin Therapy

MARIAN M. DAVIES

Average reading time — 7 min. 48 sec.

THE INCIDENCE of typhoid fever today is occasional, indeed, and graduate nurses of the last few years have had very little experience in caring for the disease. Thus great interest was aroused over a recent case admitted to our hospital in which chloromycetin was included in the treatment.

A young woman, who was employed as a domestic, was admitted to hospital on May 11, 1950, with a history of general malaise and headache lasting for three weeks and an illness of increasing severity for 10 days prior to eventual collapse and subsequent admission to hospital. The initial diagnosis was "suspect typhoid."

The patient was admitted at 11:30 p.m., her chief complaints being acute abdominal pain, severe headache, pain in the lumbosacral area and nausea with vomiting. Admission temperature was 104.1°, pulse 140, respirations 38. Isolation precautions were taken until a diagnosis could be confirmed. The patient was sedated with phenobarbital sodium gr. 1½ and rested fairly well for six hours. At 6:00 a.m. she had a severe chill and the temperature dropped to 97.2°. At 8:00 a.m. it rose again to 102.2.°

Agglutination tests were made on May 12 and revealed: Typhoid "O" was plus 4 throughout to a dilution of 1/320 antigens. Typhoid "H", Paratyphoid "A" and "B", and *Brucella abortus* were all negative. The W.B.C. was 4,900.

On the basis of the agglutination tests and the W.B.C., and the fact that the patient had not been inoculated for a period of two years, a diagnosis of typhoid fever was made. Specimens of feces and urine were collected for culture and on May 16 *E. typhosa* was reported in both.

The patient was given 400,000 units of aqueous procaine penicillin on admission and triple sulpha gr. XV, q. 4 h. These were discontinued upon a confirmation of the diagnosis and chloromycetin 250 mg. q. 6 h. was ordered and administered for 36 hours. As the patient did not respond sufficiently, the dose was increased to 750 mg. q. 4 h. for 18 doses and then reduced to 750 mg. q. 6 h. for six days; 250 mg. q. 6 h. was then given for six more days. Thus the patient received 39.75 grams of the drug in the course of treatment.

A febrile temperature, 102.2-105.3°, persisted for 72 hours after admission. Tepid sponges and alcohol rubs were given q. 3 h.; ice-cap was applied to the head. As the patient was very nauseated intravenous therapy of a 1,000 cc. of 5% glucose solution was given b.i.d. Turpentine stupes were applied to the abdomen. Morphine sulphate gr. 1/6 was used as a sedative and to reduce peristalsis. Forty-eight hours after admission the patient was able to retain fluids and thereafter bland high carbohydrate fluids were given ad lib.

After the increase in the dosage of chloromycetin the temperature began to subside and although a febrile temperature continued for 72 hours it ranged from 100-103.1°. On the 7th day at 4:00 a.m. the temperature was 99.3° rising to 101° at 4:00 p.m. and dropping to 99.1° at midnight. The only subsequent rise was on the afternoon of the 9th day to 99.1° and the afternoon of the 15th day to 99°.

Urinary retention developed 24 hours after admission necessitating catheterization every 4-6 hours. In view of this a retention catheter was used and released p.r.n. Normal saline bladder irrigations were done b.i.d. followed by an instillation of 4 cc. of a 1:1200 solution of silver nitrate. The catheter was removed after 96 hours and, although all mechanical means were employed to encourage the patient to void, catheterization and bladder irrigations had to be continued b.i.d. until the morning of the 17th day when the patient voided 2 oz. She was cathe-

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terized for residual urine. That evening she voided 17 oz. and had no further trouble.

Prior to reducing the dose of chloromycetin to 1 gram daily—i.e., 250 mg. q. 6 h.—agglutination tests were repeated. Typhoid "O" remained as before but Typhoid "H" was plus 2 in a dilution of 1/20 and 1/40 indicating that the patient was reaching the convalescent stage. Three consecutive specimens of feces, taken at this time, remained positive for *E. typhosa*.

At the conclusion of the administration of chloromycetin the agglutinations were again repeated. The only change was that the Typhoid "H" was plus 4 in a dilution of 1/20 and 1/40 and plus 2 in a 1/80 dilution. The Paratyphoid "B" was plus 2 in a 1/20 dilution. Three consecutive specimens of feces and urine were collected and all were negative. These were repeated at the end of four days and again were all negative. The agglutination tests taken at this time were unchanged from the last report.

A check of the R.B.C. and hemoglobin revealed a hypochromic anemia. The patient was given iron, fortified with liver and injections of thiamine hydrochloride, 200 mg. daily.

On the 15th day, daily, low tap-water enemas were started and continued until natural evacuation was established. They were then given p.r.n.

Strict diet therapy was maintained throughout the hospitalization period. Bland and strained foods were given after the 4th day and the patient was encouraged to eat small amounts frequently. By the 16th day she was eating three meals a day with frequent added nourishment. As a result the weight loss was small. On the 16th day she was allowed out of bed and within a week was spending the greater part of the day up in a chair or walking about her ward. She was discharged on the 30th day.

General impressions gained from this case were: In view of the severity of the case and the time lag between the onset of the disease and subsequent medical consultation and diagnosis, the prognosis, in the opinion of the attending physician, would have been very doubtful had chloromycetin not been employed. The convalescent period was reached within two weeks, the total hospitalization period reduced by several weeks, and the patient's general condition upon discharge was good. Once again the antibiotics are conquering a scourge of the human race.

New Sulpha Drug Low in Toxicity

Successful use of gantrisin, a sulpha drug formerly called NU-445, in treating children is reported by Drs. John A. Bigler of the Children's Memorial Hospital, Chicago, and Orville Thomas of Shreveport, La., according to the Health League of Canada.

Good results were obtained in 55 children with pneumonia, bronchitis, tonsillitis, urinary infection, and ear inflammation, the doctors say in the *American Journal of Diseases of Children*, published by the American Medical Association.

Gantrisin is low in toxicity, they point out. It also has the advantage of a high degree of solubility which assures that the drug will not crystallize in the body.

Health Progress

If we look back over this past half-century, we find five significant marks of Canada's health progress:

1. The general mortality rate has been reduced by one-third.

2. The average duration of human life has been extended by about 20 years.

3. The infant mortality rate is now less than one-quarter of what it was.

4. The maternal mortality rate has been reduced by more than 60 per cent in the past 25 years alone.

5. There has been a general and impressive decline in the toll taken by the communicable diseases and the diseases of childhood.

—Hon. Paul Martin

Private Nursing

Impressions of a New Graduate

TERRY POTVIN

Average reading time — 3 min. 36 sec.

IN MOST schools for nurses, it is customary to have the members of the preliminary class write an essay on that ticklish subject, "Why Did You Come in Training?" I think it would be both interesting and enlightening to have the members of the graduating class also write an essay before they leave, this time entitling it, "Why Did You Stick it Through?"

While the little probationer stands on the threshold of something entirely new and exciting, her mind is filled with thoughts of a rosy future—a future of new learning, new friends, new ideals. The new graduate, too weary to stand, sits on her laurels, and looks back and remembers the day when she too stood expectantly before an open door and wondered what the future would bring. She remembers her first day in training, her first day on the floors, her first "hypo," her first "scrub," her first case-room delivery, her first death . . . and now, after three long years of daily repetition, these awesome "firsts" have become as second nature to her and she takes them all in her stride. But, through it all, she has managed to keep intact the ideal she had when, long ago, she wrote: "I came in training because I wanted to serve mankind" (or words to that effect). If she can still say, "I stuck it through because this is where I can best serve mankind," then, and then alone, is she worthy to be called a nurse.

You might say, "There are very few girls nowadays who go in training with those ideals." I disagree! Though they don't always voice it as such, I think that 95 per cent of the young girls who enter a school of nursing have that thought deep down in their minds. They have the realization that they are about to embark on a career in which they can help others. If some few lose their ideals along the way, the nursing profession is not to blame. It is just that they were not made of "sterner stuff."

You read many articles about nurses in various magazines nowadays; many of them are not very flattering, others are downright insulting. But most of them show gross ignorance concerning the nursing profession. We've been accused of being hard and callous; we've been accused of being materialistic and money-minded . . . among many other things. Often I've heard such remarks as, "How can that nurse stand out there and laugh and smile when there's a patient dying in the next room?" If they only knew how much it takes for us to stand out there and smile and put on a cheerful front, they'd repeat, "How can they . . . " but they'd repeat it on a different note. We realize that there are people dying all around us every day, that there are people suffering and mourning loved ones; we realize it only too well. But it would be a sad state of affairs, indeed, if we all went around with long, sad faces, and I'd hate to read the comments that would be printed about us then!

I have gone off the track of the original topic of this article, which is supposed to be the impressions of

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a graduating nurse; but these are many of the things which cross my mind at the moment and I'm sure that they are in the minds of many of my graduating friends. As I look back on the last three years of my life, I think, not of the disappointments, the hardships that have come my way, but of the good it has done me and the good that, God helping, I may have done to others. And I wish to say to you who have yet to graduate: Enjoy your training and make the most of every moment of it for, as the saying goes, "You pass this way but once."

Nurses and Nutrition

L. B. Pett

Average reading time — 4 min. 48 sec.

You Are What You Eat

Man cannot feel better or work harder than his food permits and the prime requisite from food is *enough food energy* to do the job. We measure this food energy in calories. In Europe, when coal-miners received an extra allowance of food, they could work a little longer at the needed coal production. This is a clear recognition of the need by industrial workers of enough calories to do their job.

Similarly, even in Canada, you sometimes find a need for calories that is not being met. If you skimp your food at one meal you have difficulty in making it up at the next. Thus, if you have a breakfast of a cup of coffee and no rest period with food in the middle of the morning, your work output after 11:00 a.m. may be very small and your errors and accidents are likely to increase.

Body-builders: After energy requirements are met you need *protein* for body repair and growth. This is necessary at all ages but the need for protein actually decreases in adults because they are not growing. Contrary to popular opinion, hard work has such a small effect on protein requirements that it is not necessary to increase the amount of meat, etc., for laborers. This is the purely physiological viewpoint but nutrition is concerned with the total mental and physical health and working efficiency. From a psychological viewpoint, there may thus be a nutritional reason to increase the protein for heavy workers. Where you are dealing with adolescents who are still growing and also working, remind them to get lots of milk and meat.

Regulators: You have all heard about vitamins and minerals and the dramatic things that happen to the body when they are lacking in the food eaten. Although much has been said about vitamin B_1 for steady nerves and vitamin A and riboflavin for eyesight and other effects, I must warn you to remember that the prime requisite is just for food. Vitamins and minerals given to industrial populations, even in massive doses, have not yielded dramatic results from a work viewpoint. There are some exceptions where special conditions exist. The importance of salt for excessive perspiration should be mentioned. It is curious how people get trained and adapted so that less salt is needed. But it can never be neglected.

Nutrition Among Industrial Workers

No actual studies of the nutritional status of Canadian workers as a group have been carried out, but during the last several years various surveys have been made in Canada that indicate the probable situation. It must be said, first of all, that the better the income, the better the

Dr. Pett is chief of the Nutrition Division, Department of National Health and Welfare, Ottawa.

chance of everyone being well fed, but that undernourishment has been found at all income levels. Canadian studies have also shown undernourishment in families that were spending plenty of money on food. I have seen families spending twice as much money as in my own home but getting half as much nutritive value.

What then is the problem, if it is not alone a matter of money? The answer is that we are dealing with ignorance of food values and indifference to the importance of food to health. This is where the nurse is a most important person. You have heard how the nurse, especially in industry, has to be everything from a first-aider to a psychiatrist, so I have no hestitation in saying that you should also do some nutrition work.

But I wonder if anyone has ever told you *why* nurses have such a key position? The answer is simple. You have a direct contact with the *people concerned* and such a direct contact is far more valuable than any form of propaganda yet devised. Let me cite two examples to prove this because it has been experimentally tested.

The first is taken from Lucy Gillett's book "Nutrition in Public Health," which is almost the only text in this field that is really written for nurses. Over a nine-month period, ordinary propaganda methods on the use of more milk raised the consumption only 1 per cent. With a different group, a personal discussion of milk with each individual raised the amount used in nine months by 30 per cent. The same individual attention in connection with using vegetables doubled the consumption in the same period.

The other example is an experiment during the recent war. A group of piece-work employees were being given special attention in all phases of industrial hygiene. The lighting facilities were improved and work output increased. Of course the lighting engineers smiled and said, "There, we told you so." But then someone fixed up the chairs and again the output increased. Then they gave the girls a mid-morning rest period and again the output increased. When they gave some food and the work increased, the nutritionists smiled and said, "We knew it all the time."

But then some mean person decided to be scientific about this test. They withdrew the food at the rest period. They cancelled the rest period. They gave back the old chairs and old lights. What happened? The work output went up again to an all-time peak. Why? The girls entered into the game enthusiastically because they were pleased at getting so much personal attention from the management. This is not an argument against any of these reforms. It is an indication of the psychological effect of personal attention. That is the kind of attention that nurses can and do give.

What To Do

Of course you have to know what to do and what to eat but I can't begin to tell you all this here. You should know about *Canada's Food Rules*. You can get these in any quantity desired. By handing them personally to someone they will get better attention. They are the best advice we can give on what to eat for health—it is the variety that is the important thing.

Then you may want to encourage better lunch-pails by giving individually where needed a copy of *The Lunch Box*.

If there is a cafeteria where you work you can talk to the waitresses and give them a copy of *If You Serve Food*.

Conclusions

1. Remember that enough food (calories) is the first essential.
2. Proteins and vitamins and minerals have some importance but only rarely can they make a specific contribution, other than in the value of good eating habits.
3. The personal approach is of more value than a lot of posters, leaflets, etc., scattered around.
4. You can get our material from any Provincial Health Department or you can write me in Ottawa.
5. You must be convinced yourself, enough to be a good example, in order to be effective. Try out the Score Sheet.

Nursing Profiles

Jenny M. Weir has been appointed director of the School of Nursing of Queen's University, Kingston, Ont., where for the past three years she has been lecturer and, more recently, acting director.

Born in Wilmer, B.C., of Scottish descent, Miss Weir completed her high school course in Invermere, B.C. She graduated from the University of Alberta Hospital, completing the requirements for her U. of A. bachelor of science degree at the University of British Columbia, majoring in public health nursing. She also holds her M.A. from Teachers College, Columbia University, where she specialized in supervision in public health nursing.

Miss Weir joined the staff of the Metropolitan Health Committee, Vancouver, in 1941. Three years later she resigned to enlist with the nursing service of the Royal Canadian Air Force. She was with this service until her discharge in 1946. An eager student, Miss Weir is continually on the alert for new avenues to explore in her chosen field. She is an accomplished musician, loves dancing and swimming.

Krass Studio

JENNY WEIR

Rhea (McRae) Whitty is with the Nurse Registration Branch of the Ontario Department of Health where she is responsible for the inspection and supervision of the nursing assistants. Mrs. Whitty graduated from St. Joseph's Hospital, London, in 1939, receiving her certificate as an instructor in nursing the following year from the University of Western Ontario. Married in 1940, Mrs. Whitty engaged in private nursing for several years. She returned to floor duty in the obstetrics department at St. Joseph's Hospital, Hamilton, in 1946, but soon moved on to become chief instructor with the Nursing Assistants' Training Centre in Hamilton. In the fall of 1948 she moved to Brantford where she was social worker in the Family Service Department of Brant County Children's Aid Society until she accepted her present position.

Lola Wilson assumed full responsibility for the duties of secretary-registrar and school of nursing adviser with the Saskatchewan Registered Nurses' Association last June. A graduate of the University of Toronto School of Nursing in 1943, Miss Wilson engaged in both private nursing and staff work in hospitals before enrolling for the certificate course in school of nursing administration at the University of Alberta. She served for a time as nursing arts instructor and clinical supervisor at Dauphin (Man.) General Hospital and was also the superintendent and health director at the Jewish Children's Home

LOLA WILSON

and Aid Society of Western Canada in Winnipeg. After several months' experience as assistant registrar, Miss Wilson is thoroughly familiar with the numerous ramifications of the work with this vigorous, growing association. We wish her well in her new responsibilities.

Dorothy Morgan is now assistant superintendent at St. Barnabas Hospital, Minneapolis, having been the first Canadian woman to graduate with her Master of Business Administration degree from the University of Chicago. A graduate in nursing administration from the University of Western Ontario, Miss Morgan served for four years as assistant superintendent of nurses at the Kingston General Hospital. During her term as chairman of District 7, R.N.A.O., she acted as a consultant when the Ontario program for nursing assistants was set up.

Major Doris Martha Barr is the superintendent of Grace Hospital, Windsor, Ont. Born at Dawson City of Scottish parentage, Major Barr graduated from the Salvation Army College in 1922 and enrolled at once as a student nurse in the hospital where she is now in charge. Upon graduation in 1925, she served for two years as night supervisor in Grace Hospital, Halifax. Transferred to Grace Hospital, Ottawa, she was operating room supervisor for two years then superintendent of nurses for three. In 1932 Major Barr became superintendent of nurses at Grace Hospital, Winnipeg. She accompanied her father, the late Commissioner Barr, on his last appointment before retiring—that of Territorial Commissioner for Korea. During the 18 months of her stay in Seoul, Major Barr was active in nursing. On her return to Canada in 1938, she was appointed superintendent of nurses at Grace Hospital, Windsor. She is currently a member of the Board of Directors of the Ontario Hospital Association.

Helen Louise Potts has been appointed supervisor of nurses at Sarnia General Hospital to assist Rahno Beamish who has combined these duties with those of superintendent of the hospital for the past five years. A graduate in 1918 of the Brantford General Hospital, Miss Potts had retired in 1948 after serving for 17 years as the superintendent of the Woodstock General Hospital, Ont. Previous to that, she had held positions of responsibility in Ohio, California, and at the Brantford General Hospital. Miss Potts has recently been a member of a committee set up to study the needs of Ontario hospitals.

Josephine Smith, Windsor, Ont.

DORIS BARR

Kathleen Rose Escott is now the assistant superintendent of nurses and instructor in nursing education at the Manitoba Sanatorium, Ninette. Miss Escott has a unique background and very broad experience for her new work. In 1925 she joined the staff at Ninette as a nursing assistant. Seven years later she transferred to the Central Tuberculosis Clinic in Winnipeg. In 1938 she went to the staff of Dynevor Indian Hospital, Selkirk. Miss Escott enlisted as a hospital

Davidson, Winnipeg

KATHLEEN ESCOTT

John Palmer

ETHEL M. BARRETT

assistant (sergeant) with the R.C.A.F. in 1942 for service in Canada. In 1945 she was sent over to Britain by the St. John Ambulance Brigade in which she has been interested and active for many years. Upon her return to Canada in 1947, Miss Escott decided it was time she either got right into professional nursing or got out of it altogether. Courageous woman! After over 20 years of activity in the minor rank of nursing service, she was admitted as a student in Grace Hospital, Winnipeg, graduating as a full-fledged registered nurse this year. It was a tribute to Miss Escott that she was immediately appointed to her present position.

Berthe Therrien has been named local supervisor at the Frontenac office of the Metropolitan Life Insurance Company nursing service in Montreal. Graduating in 1927 from Hotel-Dieu, Montreal, Miss Therrien engaged in private nursing for two years, then joined the staff of the M.L.I.C. She has served with them for four years in Sherbrooke, one year in Sudbury, and the rest of the time in Montreal. In 1937, Miss Therrien received her certificate in public health nursing from the University of Montreal. She has also taken some work at the University of Michigan.

Ethel M. Barrett, who joined the staff of the medical department of the Bell Telephone Company in Toronto in 1927, has recently been appointed supervising nurse there. In her new capacity she will assist with the supervision of the nursing staffs in the various offices of the company.

Evelyn Wales has retired after 18 years of devoted service as school nurse in Verdun, Que. Graduating from the Montreal General Hospital in 1916, Miss Wales engaged in private nursing until 1930. That year she was awarded the Flora Madeline Shaw Memorial Scholarship and enrolled with the McGill School for Graduate Nurses, receiving her certificate in public health nursing the following year. She was appointed in 1932 to the position she has just vacated. In addition to some personal gifts, the citizens of Verdun raised money for a special scholarship fund, to be named in her honor, which will benefit the boys and girls of the community in which she has labored so faithfully.

Nurses' Prayer

Give me a body strong to serve,
A mind alert to learn,
Give me a heart that understands,
A soul where visions burn.

For every one by day or night
Guide me to do my best,
And grant me skill and courage, too,
In meeting every test.

Give to my smile and voice Thy grace
Of warm serenity
To soothe my patients' fears and help
Them trust in me and Thee.

Oh give me words to comfort, Lord,
Like candles, in the night.
Teach me the need of little things
To heal and bring delight.

Help me to love and work without
One selfish thought for me,
So shall I be a minister
Of healing, Lord, with Thee.

—*The Glad Tidings*

Lyle Creelman *Writes . . .*

Average reading time — 4 min. 24 sec.

"WE NEED MORE NURSES" is the cry which comes from all parts of the world. You hear it every day in Canada. In your daily work you see so much that is to be done that the need is very real to you. But how would you like to be one of fewer than 1,000 qualified nurses in a country of 19,000,000 people? If you went to Egypt that is the situation you would find. You would also be in frequent contact with disease conditions that are non-existent or rare at home, such as bilharzia—which infects over 12,000,000 of the total population—rabies, trachoma, malaria, extreme malnutrition, diphtheria, and many others. Added to this, there is an acute shortage of hospital beds, not enough personnel to staff those they have and, because of the ever-present need to provide treatment facilities, there is no staff, and even less time, to develop preventive health programs based on sound health education methods. The real need for such programs is indicated by an infant mortality rate of 142-160. In some places, we were told, it is even as high as 400.

In Egypt, as in most of the Middle and Far Eastern centres, midwifery has a much better status than nursing. Every girl who starts out to be a nurse has the ultimate objective of becoming a midwife or *hakima*. Indeed the program of the school of nursing has been planned to make this almost automatic. To say "the" school of nursing is correct, since until about a year ago there was only one school recognized by the Government—the Kasr-el-Ainy in Cairo.

The origin of this school is very interesting. In 1847 Clot Bey wanted to start a school of midwifery. In order to obtain applicants he had to buy ten Abyssinian and Sudanese girls from the slave market. He took as well two eunuchs from the Viceroy's palace. At the time of our visit, this school had about 400 students. They have their experience in three hospitals, the largest of which is Fouad the First. This hospital has over 1,400 beds for medical and gynecological cases and an out-patient department with a daily patient average of 5,000. The nursing staff for this whole hospital consists of 90 qualified nurses and 173 students.

You can well imagine how impossible it would be to give the professional nursing care required by ill patients. The training period consists of two and a half months of preliminary school, followed by a three-year period during which experience is obtained in nearly all the fields but obstetrics. At the end of this time the nurse is given a diploma. She remains in the hospital for one year of practical work, following which she takes a year's midwifery course. This means that she spends over five years before she becomes a qualified nurse-midwife. Nearly all the lectures are given by doctors. As there are no nursing texts in the Arabic language, the

At an Egyptian health centre. Note how the mother carries her baby.

general pattern is to dictate the lectures and have the students copy the notes.

You would be shocked if you were to enter some of the children's hospitals in Egypt. Usually the mother is admitted with the child and, because of shortage of space, she may occupy the same bed. Very frequently she may have to bring one or more of the children from home because there is no one to look after them. In actual fact, the mother is the one who gives the nursing care to the ill child. From the emotional and educational point of view this system has many merits. In maternity hospitals the baby may be in bed with the mother but is usually in a bassinette at the foot of the bed. This more nearly approaches the modern "rooming-in" idea that we are accustomed to in many Canadian hospitals.

There has been a course for public health nurses since 1934 but a very limited number have been prepared. Since it would be necessary to spend an additional year beyond the five years she has already spent in a preparation which is largely an apprenticeship, it is not to be wondered at that the nurse is not anxious to take an additional course. In the public health field the nurses work in rural health centres which have been established all over Egypt or in the child welfare centres which perform a similar function in the cities. Usually the nurse in charge is a *hakima*. In the majority of cases, she has not had any public health preparation.

These centres are quite unlike our child health conferences in that the mothers come very early in the morning, sometimes shortly after seven o'clock, and frequently they must wait patiently for hours to be seen by the nurse; few can be seen by the doctor. Nearly all have come for treatment. In the summer it is routine to give eye treatment for conjunctivitis to practically all who attend. In some of the centres there may be a daily attendance of 200-300. Here also will be assistant midwives who have been given one year's preparation. Most of the mothers are delivered at home with the aid of this assistant group or perhaps midwives with even less preparation.

This brief glimpse indicates the many serious problems facing those who are interested in the development of a profession, adequate in numbers and preparation, to give the nursing service the community requires. Because nursing today in this, as in fact in nearly every country, is very largely an apprenticeship, the relatively few girls who finish high school in Egypt prefer to go into the professions of teaching, law, social work, or medicine. Every effort must be made to improve the status of nursing. It was my feeling that one of the first things that must be done is to establish a demonstration school on a truly educational basis. Certainly this would not relieve the shortage of nurses in a hurry but it would do more than any other thing to attract the better educated girl and to show that nursing is really a worthwhile and satisfying career.

Expansion in Saskatchewan

To help improve public health services in Saskatchewan the Federal Government has agreed to underwrite the salaries of 20 additional public health nurses, Hon. Paul Martin, Minister of National Health and Welfare, has stated. The extra nurses are being recruited as rapidly as possible. Three will be assigned to the Swift Current health region, one to Assiniboia, two to Weyburn, two to Moose Jaw, three to North Battleford, and nine to districts outside established health regions.

The addition of nine nurses to the staff of the health districts will provide much more adequate coverage, Mr. Martin pointed out, as the ratio of public health nurses to population in these districts at the present time is one to 25,000.

Trends in Nursing

Average reading time — 5 min. 48 sec.

Canada

HAVE YOU READ "Food for Thought" lately? If not, you should take time to read the May issue. September is here and you will be planning your activities for the winter. This little 64-page book contains a wealth of information about the Canadian way of life and the development of the Arts. Achievements of some of Canada's more gifted children are noted and you may find here the spur you need to take the step into a fuller life. (Published by the Canadian Association for Adult Education, 340 Jarvis St., Toronto 5.)

Another Milestone

Only two years ago, the contribution of *Nursing* to the problem of world health was almost ignored. Now, due to the ceaseless activities of the I.C.N., the subject of *Nursing* occupied an important place in the crowded agenda of the Third Assembly of the World Health Organization. Miss O. Baggallay, acting chief, Nursing Section, presented the "Program Proposed for 1951" and the "Report of the First Session of the Expert Committee on Nursing," saying that nursing is an integral part of the other parts of WHO. Miss Daisy Bridges, R.R.C., executive secretary, I.C.N., opened the discussion by recalling statements made in the report as follows: "Nurses are the final agents of health services. Nursing is essential to the vitalization of the health program. . . In countries where medicine is highly developed and nursing is not, the health status of the people does not reflect the advanced stage of medicine." Miss Bridges then referred briefly to specific recommendations:

1. The Expert Committee recommends that there be a joint investigation with the International Labor Organization into working conditions of nursing personnel and suggests that the assistance of the I.C.N. should be sought in carrying out this investigation. This subject is already being studied in part by our Economic Welfare Committee and the findings of our committee might serve as a basis on which the fuller investigation, as well as the pilot study which is envisaged, might build.

2. The Expert Committee suggests that the I.C.N. continue its work in the development of a guide to schools working to establish basic programs. Our Education Committee has this in hand and is at present engaged on a study of how to improve the supply of visual aids in the teaching of nurses.

3. The Expert Committee recommends that the I.C.N. make a study of available programs in post-basic nursing education throughout the world and continue its work on a guide for the development of post-basic programs.

Miss Bridges closed with the reminder that, while the I.C.N. was most desirous to cooperate in implementing this Report and would accept responsibilities and do everything to implement them, the financial position of the I.C.N. would make it necessary to seek some form of financial assistance. Lively discussion followed and the following resolutions were unanimously carried:

1. The Third World Health Assembly approves the program proposed for 1951; accepts the views of the Expert Committee on Nursing that developing health programs call for measures to increase and improve the supply of nurses of all types and for better use of the supply; stresses that programs of nursing education should be so planned that all nurses are given an understanding of the social and preventive aspects of modern health work; requests the Executive Board and the Director-General to take into consideration the views expressed on this subject by the Committee on Program

when implementing the program.

2. The Third World Health Assembly notes the Report of the Expert Committee on Nursing; expresses its gratitude to the Committee for its work; requests the Executive Board and the Director-General to take into account the recommendations in the Report in so far as they may be applicable when implementing the program.

—*Nursing Mirror*, May 26, 1950

Developments in Allied Fields

Mental care pilot program: A contract between Roosevelt Hospital and the State Department of Mental Health was signed April 5, marking the start of a pilot program for treating psychiatric patients at the hospital. Roosevelt Hospital and Ellis Hospital in Schenectady are the two institutions selected for a new program that for the first time in New York State's history will permit its funds to go to general hospitals for psychiatric service. The program is designed to reduce the number of chronic patients in state mental hospitals through preventive medicine and to provide psychiatric care for persons whose conditions are not sufficiently serious to require hospitalization for more than a few weeks. The hospital plans a training program for resident doctors also. There will be one full-time resident doctor on psychiatry and each resident in the hospital will spend part of his training time with the psychiatric service. This will increase his knowledge of psychiatric treatment and give him experience to diagnose psychiatric components in patients in his own specialty.

Dentists use tests: Aptitude tests will be required of nearly all applicants to schools of dentistry under a program announced by the American Dental Association. Forty of the nation's 41 dental schools have asked to be included in the program, designed to serve as an aid in selecting the best qualified and most promising students among the applicants. After individuals apply for entrance as dental students, the schools will screen the applications and forward the remaining names to the ADA. The association in turn will notify the applicants of the time and place for the aptitude tests. Results of the tests will be forwarded to the schools and will be considered, along with other information, in making a final evaluation of each applicant's suitability as a dental student.

Prepaid medical plans: The remarkable successes scored by the Blue Cross and Blue Shield Plans have shifted the health insurance limelight from the stale-mated political front to the active and critically important economic front. In scores of cities the economics of medical practice are being reshaped to the needs of the times by a creative community effort—voluntary, democratic, and realistic. That is the new history-making economic front of the voluntary health plans . . . Nevertheless the doctors have no great cause either for jubilation or optimism. The fact is that the medical service plans are lagging behind the hospital service plans. Blue Shield has nothing to show that is in any sense comparable to the recent Blue Cross contract with the steel industry. The Blue Cross steel industry contract provides about 900,000 people—employees and their dependents—with uniform hospital benefits at uniform rates on a coast-to-coast basis, the cost shared by management and labor. Blue Shield is being left behind because in most cases it is simply not offering the people the program they want. Both management and labor complain that they are finding the Blue Shield offerings unrealistic. The people want medical care—not just hospitalization. Voluntary hospital service alone will not lick the compulsory health insurance bill.

Responsibility for uniform benefits at uniform fees, responsibility for a realistic approach to fees so that premiums can be kept within the reach of the wage, responsibility for a realistic attitude toward every segment of the community involved in the building of the medical service plans—these are the three major

responsibilities the doctors must make theirs if Blue Shield is to come into its own.

Medical care for workers: Through legislation, judicial review, and voluntary and administrative action, an intricate and complex system has developed to ensure disabled workers of both financial compensation and medical care for work injuries and occupational illnesses. Under medical care provided by the Workmen's Compensation Law, disabled workers in New York State have a "free choice" of physician, provided the physician is one of the 25,000 doctors in the state who are authorized to render care in one or more of 28 medical and surgical specialties. Under a "free choice" of physician, the board is developing a program of bringing together the injured worker's physician and the latest techniques for intensive physical rehabilitation, now available in a number of medical centres throughout the state.

—*Public Health Economics*, May, 1950.

Orientation et Tendances en Nursing

Le Canada

Avez-vous trouvé votre passe-temps favori? Si non, nous vous conseillons de lire le bulletin publié par l'Association canadienne de l'Education des Adultes, numéro de mai (340 rue Jarvis, Toronto 5). Ce livret de 64 pages contient une foule de renseignements concernant le Canada—la façon de vivre de ses habitants, le développement des arts, etc. Les succès de quelques-uns de ses enfants les mieux partagés y sont mentionnés; peut-être que la lecture de ces pages vous donnera un élan vers une vie plus remplie et plus intéressante.

Un Autre Echelon

Il y a deux ans lorsque les problèmes de santé du monde étaient considérés, les infirmières étaient à peu près ignorées. Maintenant, grâce au travail incessant du Conseil International des Infirmières, la question du nursing occupe une place importante dans l'ordre du jour de la troisième assemblée de l'Organisation Mondiale de Santé.

Mlle O. Baggallay, directrice intérimaire de la Section du Nursing, a présenté "Un Programme pour 1951" et le rapport de la première réunion d'un Comité des Experts en la matière.

On lit entre autre dans ce rapport "que le nursing est une partie intégrale des activités de l'O.M.S. Les infirmières, en dernières mains, sont les agents des services de santé. —Le nursing semble d'une importance vitale à tout programme de santé.—Dans les pays où la médecine est très avancée et le nursing ne l'est pas, l'état de santé du peuple n'est pas à la hauteur du développement de la médecine."

Ces assertions de Mlle D. Bridges, secrétaire exécutive, C.I.I., ont donné lieu à plusieurs recommandations:

1. Qu'une enquête soit faite sur les conditions de travail du personnel hospitalier.

2. La suggestion que le C.I.I. continue à préparer un guide à l'usage des écoles d'infirmières.

3. Qu'une étude soit faite par le C.I.I. des programmes des cours post-scolaire (cours de base) existant dans les divers pays et qu'un guide soit préparé afin d'assurer le développement de ces cours.

L'O.M.S. approuva, lors de sa troisième assemblée, le programme proposé par le Comité des Experts en Nursing pour 1951. Les vues suivantes furent acceptées:

Si l'on veut établir et développer des programmes de santé, il faut augmenter le recrutement du personnel infirmier de toutes catégories et n'employer ce personnel qu'à bonne fin.

Le programme d'études dans les écoles d'infirmières devrait être préparé de façon à faire comprendre à toutes les infirmières les aspects de la médecine sociale et préventive. —*Nursing Mirror*, le 26 mai, 1950.

Du Nouveau en Psychiatrie

Un contrat entre l'Hôpital Roosevelt et le Département de l'Hygiène Mentale de l'Etat

de New-York servira d'étude témoin dans un nouveau mode de traitement des malades psychiatriques. Pour la première fois dans son histoire, l'Etat de New-York va payer les frais d'un service de psychiatrie dans un hôpital général.

Ce programme de médecine préventive a pour but de diminuer le nombre de malades chroniques dans les asiles d'aliénés. L'on croît qu'en admettant dans des hôpitaux généraux pour traitement psychiatrique, les malades qui ne requièrent que quelques semaines d'hospitalisation, l'on arrivera à ce but.

L'hôpital employera dans ce service un psychiatre à temps complet et les internes y feront un stage comme dans les autres services; afin de leur permettre d'acquérir certaines connaissances au point de vue diagnostic et traitement qui leur seront utiles en clientèle.

Avez-vous Peur du Dentiste?

Toutes vos craintes doivent être du domaine du passé. Les dentistes maintenant doivent passer des tests d'aptitudes en faisant leur demande aux facultés dentaires. Voilà le programme annoncé par l'American Dental Association. Quarante écoles sur un total de 41 vont appliquer les tests afin de choisir les candidats les mieux qualifiés.

Assurance d'Hospitalisation

Le succès remarquable obtenu par les plans d'assurances offerts par la Croix Bleue et par Blue Shield a rejeté dans l'ombre les projets d'assurance-santé de l'Etat. Si l'on en parle encore, ce n'est pas tant au point de vue politique qu'au point de vue économique où elles sont l'objet d'une grande critique.

Dans bien des villes, la pratique médicale a été réorganisée de façon à répondre aux besoins économiques actuels. Grâce aux efforts conjoints des citoyens l'on a offert des plans pratiques, démocratiques, et volontaires. C'est l'histoire des assurances d'hospitalisation volontaire.

Néanmoins, cela n'a pas donné aux médecins l'occasion de se réjouir ni d'être trop optimistes. Les plans d'assurances couvrants les honoraires des médecins et des chirurgiens ne sont pas comparables et n'offrent pas les avantages des assurances d'hospitalisation.

La Croix Bleue (assurance d'hospitalisation) a signé un contrat avec les industries de l'acier par lequel elle assure à 900,000 personnes et à leurs dépendants l'hospitalisation en maladie à un taux uniforme pour employeurs et employés par tout le pays. Le Blue Shield (assurance couvrant les honoraires des médecins) n'a rien de comparable à présenter tout simplement parce que dans bien des cas leurs plans d'assurance ne conviennent pas aux gens à qui ils sont offerts.

Les patrons comme les employés se plaignent que les plans offerts par Blue Shield ne sont pas pratiques. Néanmoins, les gens désirent avoir une assurance incluant les honoraires des médecins. Si la population désire des assurances-santé et si ces assurances doivent demeurer volontaires les médecins doivent faire face à de grandes responsabilités.

La prime doit être pratiquement abordable pour tous les salaires. Elle doit être la même pour tous et les services doivent répondre aux besoins du groupe intéressé. Les assurances volontaires d'hospitalisation ne seront pas suffisantes pour empêcher l'établissement des assurances-santé obligatoires.

—*Public Health Economics*

Maladies et Accidents du Travail

Grâce à des lois, à l'action volontaire d'administrateurs, les travailleurs bénéficient de certaines indemnités en cas de maladies et d'accidents. D'après la loi des accidents du travail de l'Etat de New-York, les invalides seront libres de choisir leur médecin, en autant qu'il sera l'un des 25,000 médecins autorisés dans l'Etat à donner des soins spécialisés en médecine et en chirurgie.

L'on veut par ce moyen amener le médecin et le travailleur à utiliser les ressources offertes par les centres de réhabilitation où les meilleures techniques sont employées.

Recognition and treatment of crippling conditions are needed early in childhood to prevent feelings of inadequacy and emotional conflicts and to help avoid difficulties in school that result in the repetition of grades. In this way, much defective hearing can be prevented and the maladjustments that constitute tragedies in the lives of so many of the hard-of-hearing can be overcome or greatly lessened.

Structure Study Committee

It is an accepted principle of sound organization and administration that at intervals there should be an appraisal of activities and achievements with a view to the improvement of service rendered. Such was the thinking which prompted the Executive of the Canadian Nurses' Association to appoint a committee for the purpose of making recommendations to the biennial meeting concerning the advisability of undertaking a study of the structure and services of the national association.

I. *Changing conditions—their implications*

In approaching their task your committee accepted the premise that the profession of nursing throughout this country has undergone unprecedented change in recent years. This is evidenced by:

(a) A changing concept of nursing itself. Slowly it is recognized that nursing is related as truly to health as it is to illness and that all nursing, whether primarily preventive or primarily restorative in nature, has a unified purpose: More health for the individual and the community.

(b) The demand for nursing services and the relation of governmental authorities to that demand. All will agree that the field of nursing has broadened and that within its general framework the nurse is called upon to participate in a much wider variety of services. Moreover, the relation of nursing to governmental authorities is changing in that the current concept of social security is destined to embrace some form of national health insurance in including certain phases of nursing service. Hence, in increasing measure government has a stake in both nursing service and in preparation for that service.

(c) A developing sociological emphasis in all fields of medicine with its significance for nursing. Authorities agree that not only is there no longer a clearly marked line of demarcation between preventive and curative services but that we have passed into a stage where the problems of sanitation and a control of the communicable diseases are secondary to those which have sociological factors as their basis—improved housing, the needs of an aging population, and the preservation of mental health, to mention but three.

(d) The growing acceptance of a need for workers with sound general and professional education if nurses are to take their place alongside other well-prepared professional groups in the Canadian community. This calls for change in the preparation offered by both hospital and university nursing schools with the opportunity for government to lend necessary assistance through financial subsidy.

(e) A recognition of the need for a more adequate interpretation of nursing to nurses themselves and to the public who are the consumers of nursing service.

It is little wonder, therefore, that in the face of rapidly changing conditions certain of the machinery and services of the organized profession may be outmoded and that improved methods for coping with present-day situations may be indicated; at least the profession should satisfy itself of the adequacy of existing facilities.

In the light of these considerations your committee has concluded that a scientific study should be made of the policies and relationships of the national association and its constituent units to determine lines along which the organization should move in meeting to the full its opportunities and responsibilities.

II. *The Study: Its Content*

It is recommended, therefore, that in content the study should include the following:

(a) A re-examination of the purposes of a national professional organization and of the functions necessary to achieve these purposes.

(b) A consideration of the relation of these purposes and functions to (i) the nurse and (ii) society.

(c) A survey of existing machinery with a view to a more adequate fulfilment of these purposes, functions, and relationships.

III. *The Study: Its Method*

It is recommended, further, that in order to facilitate such study the following appointments should be made: (a) a Structure Study Committee; (b) a Director.

IV. *Certain general comments*

In making these recommendations your committee observes that:

(a) In order to be useful this study should cover a period of one year and the report should be ready for presentation to the biennial meeting of the association in 1952.

(b) In the opinion of your committee, the Structure Study (because of its fundamental nature) should be given priority over other suggested projects of the association.

(c) The cost of the study is estimated to be approximately $10,000.

(d) This amount will be available without further approaches to the provincial associations.

In concluding the report your committee is unanimous in urging that earnest and full consideration be given to the recommendations of this report by both the Executive Committee and the association as a whole.

FLORENCE H. M. EMORY
Convener.

Interim Committee on Provision of Nursing Service

The work of this committee, which was appointed by the Executive Committee on March 10, 1950, for the remainder of the biennium, is the result of the following resolution passed at that meeting:

WHEREAS, At the meeting of the Executive Committee, March 9, 1950, it was agreed that a study should be made to determine how nursing care is to be provided for the people of Canada; and

WHEREAS, It was agreed that this study should be initiated by the Canadian Nurses' Association but conducted by a national committee of interested Canadians; therefore be it

Resolved, That the Executive Committee approve that such a study be undertaken and that it request the Canadian Nurses' Association to authorize the Executive Committee to proceed with it.

As all members are aware, our association has been concerned for some years with the growing shortage of nursing caused by a rapidly increasing demand for our services, a demand which must continue to grow for some time as health services expand. The association has sought for ways of contributing to the solution of this problem and, in fact, several contributions have been made. There have been suggestions that a country-wide survey should be made, possibly by or in cooperation with government or members of the public who would be influential in helping us to bring about changes. The best timing for it is still a question, as is the finding of financial support for it.

At the last meeting of the Executive Committee, the Sub-Executive was asked to act as a Committee on Nursing until this biennial meeting and to study these suggestions. This committee has come to the conclusion that any worthwhile effort will have to be carried on by all the members of the C.N.A. Shall we be frank and say that before we undertake to educate the public, we must first educate ourselves? By this is meant that not only the Executive Committee and certain other committees should be absolutely clear on what we have already decided and on what we think should be done in the future, but that every member should be also.

It is realized that it is very difficult to remember everything that has happened at a general meeting, let alone at those of two and four years ago. Yet the resolutions passed there constitute the policy of the association —its platform. Surely every member should know what our association stands for and means to do.

It has appeared to your committee that the launching of this study, if approved, requires a series of preliminary steps. Your committee, therefore, earnestly asks your support of the following recommendations:

1. That a Committee on Nursing be appointed with power to add, as seems desirable, a small number of representatives from the

hospital and medical fields, any additions from other fields to be submitted to the Executive Committee.

2. That it shall be the duty of this committee to recommend to the Executive Committee studies which should be made or action which should be taken for the improvement of nursing.

3. That a concise statement of the present policies of the Canadian Nurses' Association shall be made forthwith and forwarded to the provincial nurses' associations, with the objective of placing a copy in the hands of every member.

NETTIE D. FIDLER
Convener

Exchange of Nurses Committee

A meeting of the Exchange of Nurses Committee was held in Montreal on April 22, 1950. It is regrettable that this meeting could not have been held before the report of the biennium was submitted. I, therefore, present this report as an addendum to the report of the Exchange of Nurses Committee which was published in the May issue of the *Journal*.

The committee agreed that the vitality of a rapidly moving world demands constant revision of the policy and procedure of any committee which involves international relations. Experience has also shown that simplicity and flexibility ought to be the guiding principles of revision. The report expresses the thinking of the committee but the members would like to emphasize some of the reasons why, in their opinion, the function and representation of the committee need reviewing.

In spite of the fact that the report of the past biennium is in no way a distinguished one, there have been innumerable inquiries about many kinds of experience. The files of the National Office are heavy with application forms and correspondence from those endeavoring to obtain requested experience. Because of one thing or another, the applicants have often withdrawn or asked to come to Canada on an employment basis only. Employment is not the concern of this committee, except as it facilitates the applicant obtaining the experience which the committee sponsors.

A large number of nurses working in Canada, representing many nationalities, have not sought the guidance or educational opportunities to which this committee is committed. Nor have Canadian nurses shown a preference for the advantages which they could enjoy under the auspices of the committee while abroad. Nevertheless, Canadian nurses are abroad. This failure to use the committee is attributed to the fact that our nurses have not been informed of the function of the committee. It is our opinion that this silence cannot be maintained any longer if we still profess that international interchange is a valuable asset in personal and professional development. The committee feels very keenly that they ought to be able to discharge their responsibility in such a way that Canadian nurses going abroad, and those of other lands coming to Canada, would enjoy a richer experience because of the preferences and privileges which would be accorded them through the assistance of the Exchange of Nurses Committee.

The following recommendations are, therefore, presented:

1. That the statement of policy, functions, and other factors governing Exchange privileges, as outlined by the committee, be approved.
2. That a simplified application form for the use of Exchange Nurses be approved.
3. That the Exchange of Nurses Committee of the Canadian Nurses' Association recommend to the Exchange of Nurses Committee, International Council of Nurses, that the forms prepared by the Exchange of Nurses Committee, I.C.N., be revised and simplified.
4. That requests which do not come within the scope of this committee, such as inquiries from other countries regarding information on nursing in Canada and requests for assistance in securing temporary and permanent employment, continue to be handled by National Office staff.
5. That information regarding the opportunities offered by the Exchange of Nurses Committee be supplied to the

membership through the appropriate nursing journals.

INFORMATION FOR APPLICANTS FOR EXCHANGE PRIVILEGES

1. The word "Exchange" refers to the three categories enumerated in the functions of the committee.
2. The aim of the Exchange of Nurses Committee of the Canadian Nurses' Association is to promote and facilitate the interchange of nurses between Canada and certain other countries. The main purpose of this interchange is to obtain and afford opportunities for study, observation, and/or experience.
3. The Exchange of Nurses Committee will regard each application on an individual basis. They will introduce the applicant to the institution, organization, individual, or combination thereof that will provide all or part of the requested experience. Assistance will be given upon request for the following:

   (a) *Reciprocal exchange:* Appropriate organizations, institutions, or combinations thereof which offer the requested experience will be suggested to those applicants desiring reciprocal exchange.

   (b) *Courses of study:* Suitable programs will be suggested to applicants desiring to undertake a course of study either at a university, other organization or institution.

   (c) *Experience to be gained through employment:* A number of organizations or institutions or combinations thereof offering experience through employment will be suggested to applicants desiring this type of experience.
4. The Exchange of Nurses Committee is prepared to act in an advisory capacity to the nurses participating in any of these programs.

OTHER FACTORS GOVERNING EXCHANGE PRIVILEGES

A. *Reciprocal exchange:*

1. Applicants seeking reciprocal exchange must be officially sponsored by the national nurses' association of the country in which they are presently registered. Any association which sponsors an applicant must itself be a member in good standing of the International Council of Nurses.
2. There are ten provinces in Canada, each having its own provincial registration requirements. Therefore, it will be the responsibility of the applicant to establish eligibility for registration in the province in which she has decided to obtain her experience.

B. *Factors common to all requests:*

1. A thorough grasp of either the English or French language is essential in Canada.
2. Applicants are expected to comply with the regulations of the organization, institution, or agency providing the experience.
3. All travelling expenses must be paid by the nurse herself.
4. All applicants are advised to take out sufficient insurance to cover the risk of accident, illness, or injury during their stay in Canada. The Exchange of Nurses Committee will assist in making the necessary arrangements.
5. Applicants will be responsible for clearing all immigration arrangements with the authorities concerned.
6. Applications will be received by the general secretary of the *Canadian Nurses' Association, Ste. 401, 1411 Crescent St., Montreal 25,* twice a year—viz., *January 2* and *June 1.*

   Consideration will be given to applications which, owing to special circumstances, have to be presented at other times.

Note: Nurses who do not desire any of the above opportunities, but who seek temporary or permanent employment, will receive a statement of general information. This statement includes information concerning immigration, registration, and employment opportunities for nurses in Canada.

NORENA S. MACKENZIE
Convener

Discourage Silverfish

Shake a little cinnamon, or put a piece or two of stick cinnamon, into drawers and on shelves, and silverfish won't like it!

Student Nurses

A Student Affiliates with the V.O.N.

JOAN GRAHAM

Average reading time — 5 min. 12 sec.

HURRAH! At last we were starting our month's affiliation with the Victorian Order of Nurses! After having looked forward eagerly to this "plum" in our training we started out bravely from our nurses' residence to the Central Office, several blocks away, on the coldest morning Vancouver had seen for years. We wore our regulation student cotton dresses and trench coats plus non-regulation sweaters (both under and over the uniforms), ankle socks, rubber boots, scarves and woollies of all kinds! With the motto "The V.O.N. *always* gets through" on our lips we trudged along. We were soon pleased to learn that our predecessors had a faithful group of chauffeurs who regularly gave them rides and who were most willing to do the same for us! So on that first morning—and on many subsequent mornings—we arrived in state.

We piled out at an attractive vine-covered building which housed several welfare organizations and breathlessly ascended to the V.O.N. offices. There we found a scurrying group of navy-clad nurses preparing for the day's visits. We were ushered into a comfortable classroom and met our instructor, supervisor, and answerer-of-all-questions—Miss Miller. The whole day was spent with her, learning procedures and useful adaptations for home nursing, discussing techniques and generally pooling ideas. By the end of the day we felt ourselves much more prepared to descend upon the unwitting districts—under the care and guidance of our field guides.

A brief history of the organization gave us an insight into the aims and scope of the Victorian Order of Nurses. We learned that the origin in 1897 was initiated by Lady Aberdeen, wife of the Governor General of Canada, and that in the same year a royal charter was granted. A supplement to the Charter in 1929 outlined the aims of the Order as follows:

1. To establish and maintain a visiting nursing service in Canada.
2. To engage and direct the activities of nurses to undertake the care of the sick in their homes, to demonstrate nursing methods, and to aid in the prevention of disease and the maintenance of health.
3. To assist in training nurses in public health nursing.
4. To assist in establishing and maintaining the highest possible standard of efficiency in all nursing services.

This supplement further defined the organization as:

> A branch of nursing service which includes all phases of work concerned with family and community welfare and bedside nursing as the fundamental principle, and developing from it all forms of educational and advisory administrative work that tend to prevent disease and raise the standard of health in the community.

Since its inception, the V.O.N. has followed these ideals and in time of emergency has always adapted itself to the need. Vancouver may well be proud that she was among the first cities to develop a branch of this excellent national service.

Inspired by the history and tradi-

Miss Graham was in her final year of training at the Vancouver General Hospital when she had the experiences she has chronicled here.

tion of the Victorian Order, and armed with our "little black bags," the next few days were spent observing our field guides in the homes. We were quick to realize that nursing in the patient's home where he is "king" was much different from nursing in our own domain—the hospital! Several visits were necessary, tagging behind a staff member, to establish a sense of confidence but soon we were writing on our daily reports, "Mr. B. — chronic — alone." This was truly the moment of fulfilment—when you knocked on the patient's door, with bag in hand, and announced to the anxious householder, "I am Miss Graham of the V.O.N." You were ushered inside. The looks of worry and anxiety on the faces of the family gradually disappeared as you gave the required nursing care or assurance or information. It is a never-to-be-forgotten thrill to feel the confidence of those entrusted to your care. Perhaps it is the first time in the student's professional life that she becomes really aware of the great opportunities of the nurse *to teach*.

Every opportunity was granted us *to learn*. Practical experience in two or more districts was provided where care of chronic patients (cardiacs and arthritics being most prevalent), bed baths, hair washes, pep talks, teaching, administration of insulin, prenatal visits, newborn demonstrations, newborn and infant supervision, and obstetrical advice were all part of the routine program. Observations of intramuscular injections and of streptomycin sometimes afforded an opportunity to view the problem of T.B. care in the home situation. These, with all types of medical and surgical cases, were the order of the day.

Cases were often referred by the V.O.N. (or vice versa) to the Metropolitan Health Committee, Children's Aid, Social Service, or Family Welfare. One actual case is that of a young family made destitute by the severe weather and economic situation, who received the combined aid of many agencies. This help was initiated by the V.O.N. through a series of referrals and serves to illustrate the interrelationship of the V.O.N. with other agencies.

An afternoon at the Parentcraft Class, where a series of lectures and demonstrations is conducted by the V.O.N. to help the new mother-to-be with her problems and to teach her about her baby; attendance at the annual meeting of a smaller branch of the V.O.N.; and a staff education conference on "The Public Health Aspects of Tuberculosis" all furthered our appreciation of the facilities for education afforded by the V.O.N. We were particularly impressed by the open-minded attitude of the staff members and their eagerness to keep abreast of all new developments in their own and associated fields.

The education of the student nurse can no longer be considered complete without the inclusion of some form of public health affiliation. The V.O.N. seems happy to include in its manifold program the education of students in bedside nursing in the homes and has developed a most effective, well-run educational plan. The student has much to learn from the marvelous psychological approach to problems that the district nurse has developed. She seems to us to be far ahead of her institutional counterpart in the full appreciation of psychosomatic medicine! The treating of a person—not a patient—was perhaps the most outstanding lesson that we learned.

A month goes so quickly but the experience gained in so short a time, and the lessons taught by the nurses in the Order and by the nurse-patient relationship in the home, will have a lifelong effect.

Refrigerator Cleaning

Add 1 teaspoonful of dry mustard to the soapy water used for wiping the inside of a refrigerator. This will deodorize the porcelain finish and keep the refrigerator sweet and fresh.

Book Reviews

Nursing in Clinical Medicine, by Julius Jensen, Ph.D. (in Medicine) and Deborah MacLurg Jensen, M.A., B.Sc., R.N. 791 pages. Published by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 3rd Ed. 1949. Illustrated. Price $4.00.

Reviewed by Marion E. Markle, Medical Nursing Supervisor, Toronto General Hospital.

This book, as compared to the second edition in 1945, has again undergone many changes, not so much in content and form as in substitutions of new for out-dated material. An excellent chapter on nursing the chronically ill and the aged patient and an interesting chapter on the nurse and rehabilitation are among the additions.

Owing to great advances in medical science, the whole treatment of certain diseases has changed and this new material has been included. For instance, the treatment of lobar pneumonia by penicillin and antibiotics plus general nursing has replaced the treatment by serum and specific nursing care.

The chapter on neoplastic diseases is very full, including graphs and illustrations and much practical information about social agencies and cancer control. Diet is not only considered under health but in disease in a general way and specifically in connection with deficiency diseases, such as in the very complete chapter on diabetes.

The chapter on functional disorders is brief but gives a good explanation of psychosomatic medicine. No attempt is made to cover the field of nervous and mental disorders but the brief outline of suggested treatment is good and would seem to be sufficient for a book on general medicine and nursing.

In diseases of the central nervous system there is an excellent explanation of epilepsy though there is no mention of the new specific drugs used in its control. The management and nursing care is also very brief.

As a text in general medicine for nurses this book would seem to be very useful and complete. For the specialties in medicine other references as well are indicated.

The nursing care throughout is very general. The authors assume their readers to have a thorough basic knowledge of specific nursing needs for most of the conditions discussed. The review questions at the end of the various units should be helpful. The references are good and up to date. The lists of medical nursing procedures at the back seem superfluous in this type of book, although those inserted in the units might serve as a brief but handy refresher.

Mosby's Comprehensive Review of Nursing, prepared by an Editorial Panel of Registered Nurses. 704 pages. Published by The C. V. Mosby Co., St. Louis. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 1949. Illustrated. Price $6.50.

Reviewed by F. Moyra Allen, Instructor, Montreal General Hospital School for Nurses.

This book includes outlines of all subjects which may be taught in the basic course in nursing, references, and sets of review questions. The subject matter for each summary has been presented by a member of the editorial panel. Each of these members is an experienced teacher in her own special field.

The author explains that this book will be of help to both students and graduates as an authoritative summary of the subject matter taught in the basic curriculum or for examination and review purposes. The material has been presented so that nurses may get help in integrating basic science courses and nursing arts with clinical nursing subjects.

The outline of each course and the arrangement of subjects are excellent. For review purposes material would have to be obtained from references or texts. Generally the tests cover only factual material and, therefore, might give one a false sense of security in answering essay-type questions. In this way it would not be difficult to overlook the necessary attitudes and appreciations and the application of principles in nursing.

As nursing content is in a state of change, frequent revision of this book would be necessary, otherwise it might prove more dangerous than helpful to inexperienced nurses. This is a large book, therefore it would appear not to be practical.

This book may be used then to check factual knowledge and the content of any course. It is of little assistance in one of the main

purposes of examinations in nursing—to test the nurse's application of principles in a given situation.

M.L.I.C. Nursing Service

Paula Yelle has been transferred from the Montreal staff of the Metropolitan Life Insurance Company Nursing Service to Three Rivers, Que. *Gabrielle Michaud* has resigned from the staff at Three Rivers to be married. *Jeanne Christin* is leaving Jonquière, Que., to be married.

Ontario

The following is recent news concerning the Ontario Public Health Nursing Service:

A health unit has been established in York County, comprising the townships of North Gwillimbury, Georgina, Vaughan, and Markham, the towns of Aurora and Newmarket, and the villages of Richmond Hill, Stouffville, Sutton West, and Woodbridge. *Jean Rhoten* (Toronto Orthopedic Hosp. and University of Toronto general course and advanced course in administration and supervision) has accepted the position of public health nursing supervisor and the following public health nurses, graduates of the University of Toronto general course, have been appointed to the staff: *Anne-Marie Quigley* (St. Michael's Hosp., Toronto); *Grace Walker*, *Betty Topper*, *Barbara Wills* (Toronto Gen. Hosp.).

The Muskoka district has established a health unit and appointed as public health nursing supervisor *Helen Etherington* (Mack Training School, St. Catharines; U. of T. gen. course and advanced course in administration and supervision), formerly public health nursing supervisor, Kenora-Keewatin area health unit. The following public health nurses, graduates of the University of Toronto general course, have been appointed to the staff: *Mary Lackey*, *Frances Taylor* (St. Joseph's Hosp., Toronto), *Therese Kelly* (St. Michael's Hosp., Toronto), *Frances Orr* (Hosp. for Sick Children).

Appointments—*Carrie Genik* (Royal Alexandra Hosp., Edmonton, and U. of T. gen. course and advanced course in admin. and supervision), formerly senior public health nurse, Northumberland and Durham health unit, as public health nursing supervisor,

Kenora-Keewatin area health unit. *Grace Joyce* (Cumberland Infirmary, Carlisle, Eng., and Wayne University public health course) has returned to Windsor board of health as public health nursing supervisor, following pursuance of the advanced course in admin. and supervision at U. of T. *Miriam MacDonald* (Toronto Western Hosp. and U. of T. gen. course and advanced course in admin. and supervision), formerly public health nursing supervisor, Windsor board of health, as public health nursing supervisor, Prince Edward County health unit.

Mary M. Meade (St. Bartholomew's Hosp., London, Eng.; health visitor cert., Royal College of Nursing; advanced course in admin. and supervision at U. of T.) as senior public health nurse, Dufferin County health unit. *Rosella Cunningham* (B.Sc.N., U. of T.) has returned to Northumberland and Durham health unit as senior public health nurse, following a year of post-graduate study at U. of T. *Mabel Partridge* (Hosp. for Sick Children and Ont. Dept. of Education approved school nurse cert.) as senior public health nurse, Haldimand County school health service, succeeding *Carroll (James) Lindsay*. *Bernice Rowland* (T.G.H. and U. of T. gen. course and McGill U. p.h.n. course), formerly with Toronto Dept. of Public Health, as senior public health nurse, Stratford.

Carol Brice (T.G.H. and U. of T. gen. course) to Dufferin County health unit; *Dorothy Forgie* (T.G.H. and U. of T. gen. course) to Kenora-Keewatin area health unit; *Elizabeth Russell* (Brantford Gen. Hosp. and U. of T. gen. course) and *Donna Rose* (Public Gen. Hosp., Chatham, and U. of T. gen. course) to Brant County health unit; *Dorothy Dingwall*, *Daisy Munnings* (Hamilton Gen. Hosp. and U. of T. gen. course), and *Madeleine Townsend* (St. Joseph's Hosp., London, and U. of T. gen. course) to Hamilton Dept. of Health; *Louise Brown* (Public Gen. Hosp., Chatham, and U. of Western Ont. cert. course), *Florence Liddell* (T.G.H. and U. of T. gen. course), and *Jean Sheppard* (Peterborough Civic Hosp. and U. of T. gen. course) to Wellington County health unit; *Jessie*

Mills (Ont. Hosp., Orillia, and U. of T. gen. course) and *Winifred Jarvie* (Victoria Hosp., London, and U.W.O. cert. course) to Simcoe County health unit; *Grace Daigneault* (St. Joseph's Hosp., London, and U. of T. gen. course) and *Veronica Fortner* (St. Joseph's Hosp., London, and U.W.O.) to Stormont, Dundas and Glengarry health unit; *Georgina Bailey* (T.W.H. and U. of T. gen. course) and *Ethel Hounslow* (Brantford Gen. Hosp. and U. of T. gen. course) to Halton County health unit; *Hazel Ryder* (Victoria Hosp., London, and U.W.O. cert. course) to Oxford County health unit; *Hazel Knox* (Ottawa Civic Hosp. and U. of T. gen. course) to Leeds and Grenville health unit.

Fern McPhee (St. Joseph's Hosp., Toronto, and U. of T. gen. course) to Bruce County health unit; *Grace Munn* (Moose Jaw Gen. Hosp. and U. of T. gen. course) to Kent County health unit; *Laura Pletch* (H.G.H. and U. of T. gen. course) to Welland and district health unit; *Kathleen Turbitt* (Wellesley Hosp., Toronto, and U. of T. gen. course) to Owen Sound board of health; *Dorothy Walker* (T.G.H. and U. of T. gen. course) to Peterborough board of health; *Beatrice Blair* (Ottawa Civic Hosp. and U. of T. gen. course) to Lennox and Addington health unit; *Margaret Curran* (Ont. Hosp., Orillia, and U. of T. gen. course) to Fort William board of health; *Wilhelmina Dunleavy* (Women's College Hosp., Toronto, and U. of T. gen. course) to Peel County health unit; *Marie Elson* (Victoria Hosp., London, and U.W.O. cert. course) to Elgin-St. Thomas health unit; *Doris Dooley* (Ottawa Civic Hosp. and U. of T. gen. course) to Cochrane; *Leora Wright* (B.A.Sc., University of British Columbia) to Dundas; *Florence Scott* (Mack Training School, St. Catharines, and U. of T. gen. course), formerly with Brant County health unit, to St. Catharines-Lincoln health unit; *Mary Morrison* (U.W.O. cert. course) to Kingston board of health.

The following graduates of the University of Ottawa School of Nursing basic course and certificate course in public health nursing have joined the Prescott and Russell health unit: *Françoise Brind'Amour, Therese Hurtubise, Therese Rathier.* The following graduates of the University of Toronto general course have joined the Huron County health unit: *Rhea Desjardins* (St. Joseph's Hosp., Sudbury), *Jean Marshall* (Wellesley Hosp., Toronto), *Elizabeth Read* (Stratford Gen. Hosp.).

Resignations—*Oleavia Chant* from St. Mary's; *Nora Kenney* as senior public health nurse, Dufferin County health unit; *Clara Kittmer* from Newmarket; *Jennie Lostracco* from Welland and district health unit; *Lois Smith* from Sault Ste. Marie board of education; *Joyce (Graham) Thomasson* from Cochrane; *Helen Ubelacker* from Oxford County health unit.

Victorian Order of Nurses

The following are recent staff changes in the Victorian Order of Nurses for Canada:

Appointments—Burnaby, B.C.: *Beryl Lucas* and *Dorothy Tuckey* (Royal Columbian Hosp., New Westminster). Montreal: *Barbara Trimble* (Hosp. for Sick Children). St. Thomas, Ont.: *Barbara Bloomfield* (Victoria Hosp., London, and University of Western Ont.). Surrey, B.C.: *Elizabeth Caplette* (Vancouver Gen. Hosp.). Victoria: *Dorothy Rae Parfitt* (Vancouver Gen. Hosp.). Windsor, Ont.: *Iris Burnham* (Victoria Hosp., London, and U.W.O.). Winnipeg: *Kathleen Govier* (Winnipeg Gen. Hosp.) and *Mary Wilson* (St. Boniface Hosp., Man.). York Township, Ont.: *Kathleen Callaghan* (St. Joseph's Hosp., Hamilton).

Re-appointments—Arnprior, Ont.: *Mary Wurtele* as nurse in charge. Aurora, Ont.: *Helen Lamb* as nurse in charge. Burnaby: *Joan Piddington*. Calgary: *Roberta Nixon*. Oshawa: *Kay Brown*. Rouyn-Noranda, Que.: *Stella Warwick* as nurse in charge. Thorold Township, Ont.: *Mary DeGiacomo* as nurse in charge.

Leave of Absence—Toronto: *Margaret Joyce*, junior staff nurse, and *Hope Vanderwater*, staff nurse.

Resignations—Aurora: *Helen Devlin* as nurse in charge. Burnaby: *J. A. Armstrong* and *Claire Murray*. Dundas, Ont.: *Margaret Wanless* as nurse in charge. Halifax: *Christina Muise*. Montreal: *Marguerite Lambert* and *Betty Schofield*. Oshawa: *Mary Carr* and *Dorothy Weissgerber* as nurse in charge. Ottawa: *Dorothy Morrison* and *Joyce Nott*. Rouyn-Noranda: *Helen Kennedy* as nurse in charge. Sherbrooke: *Camille LaBrie*. Surrey, B.C.: *Jean MacKenzie*. Thorold Township, Ont.: *Nita Siebert* as nurse in charge. Toronto: *Dorothy Fetterley, Lois Gorman*, and *Kathleen May Olive*. Vancouver: *Helen Dunfee*. Windsor, Ont.: *Marion Cowdrey*. Winnipeg: *Marion Russell* and *Marjorie Shaw*.

News Notes

BRITISH COLUMBIA

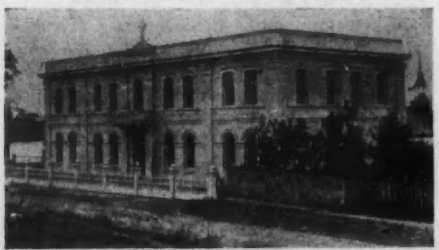
VICTORIA

St. Joseph's Hospital

Graduates of the School of Nursing gathered from many parts of Canada and the U.S. between June 14 and 18 to celebrate the school's Golden Jubilee.

Seventy-five years ago, St. Joseph's opened as a 35-bed institution and it was 25 years later, when its capacity had trebled and its facilities increased, that the school was organized by Sr. Mary Gertrude. In 1920, when its number of professional graduates had reached 154 and the hospital had been accorded international standardization, the alumnae association was formed under the leadership of Sr. Mary Mark, superior, and Sr. Mary Anna, director of nursing. The first president was Ethel Saunders who will be remembered by many as "Sister Susie" at Work Point Hospital following World War I.

An interesting program, under the direction of the alumnae president, Mrs. R. B. Ditchburn, and a committee headed by Mrs. H. E. Ridewood, was arranged for the jubilee celebrations. At the afternoon reception, Mrs. Frank Ellis (1902) one of the first graduates, cut a three-tier anniversary cake made by two local graduates. At the annual meeting, held on the 16th, Mrs. I. Moore was elected president for the 1950-51 season and Sr. Mary Gregory was presented with a purse and a substantial cheque, a gift from all graduates to enable her to visit her old home in P.E.I. A picnic at the home of Dr. and Mrs. J. H. Moore was enjoyed by all and sightseeing drives were also arranged. A home-coming banquet was held at the Empress Hotel on Saturday and on Sunday the Sisters of St. Ann were hostesses at a delightful supper prior to a Thanksgiving Benediction at St. Andrew's Cathedral, a fitting conclusion to five memorable days.



St. Joseph's Hospital, Victoria, B.C., as it appeared 75 years ago. This original part was demolished this year to make way for a large new wing which will bring the bed capacity up from 35 in the first building to a modern 550-bed institution.

MANITOBA

BRANDON

General Hospital

The 1950 class was entertained at the following functions: A dinner held by the staff graduates, followed by attendance at the theatre; a dance held by the 1951 class; a mother and daughter tea at the nurses' residence; a tea at the home of Mrs. Susan Lewis.

Louella Cooke and Patricia Donohue have returned from the University of Western Ontario after completing post-graduate study during the past year. They will take up their duties in the teaching department. Miss Cooke received a scholarship from the Brandon Association of Graduate Nurses.

NEW BRUNSWICK

SAINT JOHN

General Hospital

Following the graduation exercises of the School for Nurses a reception was held for the graduates at the Admiral Beatty Hotel by the Board of Governors of the hospital. The guests were received by Mrs. E. R. Hagerman of the Board of Commissioners of the hospital, J. F. H. Teed, K.C., board president, and Louise Peters, acting superintendent of nurses. Presiding over the tea and coffee urns were Mmes Teed, W. J. Baxter, S. D. Clark, and Miss M. Murdoch. A string orchestra provided musical selections.

An interesting Capping Ceremony for the preliminary class, accepted in February, took place at the nurses' residence when the probationers entered the room to pianoforte music played by Mary Palmer. Greetings from the Student Association were extended by Marie Todd while a reading was given by Betty Green. A. Hanscome, instructor of nurses, presented the students to Miss Peters. Candelighting and music preceded the presentation of caps to the class. A. Schofield gave the dedicatory prayer while Mrs. F. McCoubrey contributed a solo. Miss Peters gave a brief address while greetings were extended by Mr. R. H. Gale, hospital superintendent. Special guests were Mr. and Mrs. Gale, Dr. G. B. Peat, Mrs. E. Mooney, K. Lawson, S. Wetmore, and members of the staff and student body.

A history of the 62-year-old School for Nurses is to be compiled in the near future, the alumnae has announced. Miss Wetmore, convener of the committee in charge, indicated that it will be a complete historical record of the institution. Since the school was established, with Julia (Purdy) Bassett as superintendent, it has swollen to its present prestige and size from a first roll call of four students. A home for the nurses was first constructed in 1921 and quarters were increased in 1944 after completion of the new General Hospital brought greater staff requirements.

The 1950 class had 50 members and was one of the largest in the institution's history. Although the nursing school is 62 years old,

it has a record some 30 years shorter than that of the General Hospital itself, which is now entering its 90th year.

Margaret Murdoch, who was superintendent of nurses at the General Hospital for 27 years, received a life membership in the alumnae at the annual dinner and dance given by the association in honor of the 1950 graduates.

Lillian Simpson, a 1920 graduate, now a missionary of the W.M.S. of the Presbyterian Church in Canada in India, recently spent a few days in the city. She addressed the Student Christian Body of the hospital, friends of her student days attending. She returns to India in October to be nursing superintendent of the hospital at Landour. Mrs. C. M. Prath entertained at tea in her honor.

St. Joseph's Hospital

Twenty-six graduates received their diplomas and pins at the graduation exercises of the School of Nursing. Dr. J. A. Finley, president of the Standardization Board, was chairman and noted that the exercises were the 32nd in the history of the school. He drew attention to the fact that, among the graduates, Anna McGloan had already obtained her B.Sc. and Roxina Hurley, class leader and valedictorian, and Mary Lynch were shortly to obtain the same degree.

Prizes were awarded as follows: Miss Hurley, $25 prize for highest standing in theory of nursing during course, donated by Saint John Medical Society and presented by the president, Dr. T. E. Grant; and $10 prize for highest standing in medical nursing, donated by the hospital alumnae and presented by the president, Marie Wallace; Mary Lynch, $25 general proficiency prize, donated by Board of Directors and presented by Lieut. Gov. D. L. MacLaren, chairman; and $10 prize for professional ethics, donated by the hospital auxiliary and presented by K. Haggarty; Mary Regan, $10 prize for highest standing in Christian doctrine, donated by Bishop Bray and presented by Rt. Rev. F. A. Cronin.

The members of the alumnae entertained in honor of the 1950 graduates when the president, Miss Wallace, presided. M. McDonald was general convener of the entertainment. The toast-mistress was Mary Power. M. Carey proposed the toast to "The Training School," responded to by M. McGillicuddy; "To the Sisters," proposed by A. Petersen, responded to by V. McAloon; "To absent members," proposed by Mrs. J. L. Mullaly; "To the Gentlemen," proposed by M. McDermott, responded to by N. Clinton. Miss McDermott contributed vocal solos. Roll call was answered by representatives of former graduating classes from the first class in 1918 to the present day.

Staff nurses entertained in honor of Marie Wallace, a bride-elect. During the evening a three-act skit, arranged by the 1950 graduates, and solos by Miss McDermott were enjoyed. The honored guest received a nest of mahogany tables from her friends.

Refreshments were served by M. Parson, M. Morey, W. Rutland, H. McGuire, and A. Perry. At other social gatherings in her honor, Miss Wallace received an electric kettle and crystal.

ONTARIO

District 1

Chatham

Members of the Executive were welcomed by the chairman, Mrs. M. Harrison, and new members introduced at a regular meeting of the district. Around sixty-five nurses attended and greetings from the city were extended by Mayor Kerr. He spoke of the value of associations having meetings and the benefits each member derives from the exchange of knowledge. The resignation of R. Traynor as convener of the Hospital and School of Nursing Section was accepted. The chairman presented an informative report on the 25th anniversary meeting of the R.N.A.O.

The guest speaker at the dinner was Dr. C. D. Keeley who chose as his topic "A Phase of Modern Surgery," dwelling on the pre- and post-operative care of the surgical patient and how important this care is.

M. Stewart, councillor for St. Thomas extended an invitation to hold the fall meeting there.

Districts 2 and 3

Owen Sound

Twelve young women recently received their pins and diplomas at the 46th graduation exercises of the General and Marine Hospital School of Nursing. The chairman was Dr. G. H. McKee while Rev. Keith G. McMillan gave the invocational prayer. Mayor E. Sargeant brought greetings to the new graduates from the city of Owen Sound. Dr. B. A. Williscroft, chairman of the medical staff, brought good wishes from that group. Winnifred Cooke, director of nursing, also spoke briefly. Including the 1950 class, there are now 242 graduates of the school of nursing. Miss Cooke introduced the guest speaker—Edith McDowell, dean of nursing at University of Western Ontario.

Prize winners were as follows: Nancy McWilliam, George D. Forbes Memorial Scholarship for post-graduate study in surgical nursing or O.R. technique; Hazel Weeden, Edwin D. Kyle medal for general proficiency in bedside nursing; Norma Taylor, Women's Hospital Aid prize for proficiency in bedside nursing, 3rd year; Lila Schwartz, Junior Hospital Aid medal for obstetrical nursing; Shirley McLay, Women's Hospital Aid prize for proficiency in bedside nursing, 2nd year; Grace Dennis, Women's Hospital Aid prize for general proficiency in preliminary term.

The Women's Hospital Aid were hostesses to the graduates and their friends following the ceremonies. Mmes H. Dane and G. Drape were in charge of arrangements while J. Mawhinney, hospital dietitian, was responsible for the refreshments. Pouring tea were: Mmes McKee, Williscroft, McMurtrie,

Hunter, McLinden, and Miss I. Telford.

The alumnae association entertained the new graduates at a buffet supper at Balmy Beach Lodge when the Women's Hospital Aid, Junior Hospital Aid, and the doctors and their wives were guests. Receiving were: Mrs. A. Storey, alumnae president; Miss Cooke; Mrs. E. McMurtrie, W.H.A. president; and Mrs. N. Hipwell of the J.H.A. Dancing rounded out a pleasant evening.

The Board of Trustees of the hospital also entertained the graduates at a buffet supper, under the capable arrangements of Miss Mawhinney and her staff. Mmes G. Gillesby and M. Trench poured coffee. Miss Cooke presided and welcomed the graduates and guests. Ruth Grant, class president, gave the valedictory. A. Heming presented sterling coffee spoons to each graduate from the nursing staff and H. Miller pinned on a dainty nosegay. Edna Cook presented each graduate with a gift compact from the medical staff. Dr. R. Harvey, the guest speaker, reviewed the progress made in medicine and nursing during the years of his experience. The speaker was thanked by Alice Cook.

District 5

Toronto

St. Michael's Hospital

Eighty-two nurses received their diplomas and pins at the 56th graduation exercises held in May. Since the opening of the school in 1892, 1,970 have now graduated. The address was given by Rev. L. A. Markle. Those winning prizes and scholarships included: S. St. Pierre, L. Wohler, D. Warnke, O. Lalonde, J. McSloy, A. Hart, P. McDougall, M. Overn, A. Tresa, K. Rup, K. Arbour, C. Young, A. Rudowski, I. Carey, B. Claridge, P. Doner, and Z. McAuley.

The annual Spring Tea was held in April when the guests were received by the president, Lois Huck, and the convener, D. Bergin. The annual Memorial and Rededication Service was held in St. Michael's Cathedral in May when the Rev. McGuigan, S.J., was the speaker. The February class of 1945 held an enjoyable reunion dinner party at the Windsor Arms. A Silver Anniversary reunion of the class of 1925 was held in June.

Srs. M. Kathleen and St. Albert attended the C.N.A. convention in Vancouver. M. Johnston was the student representative from the hospital. Srs. Collette and Vincentia also attended the biennial and visited the hospital at Comox and the Sisters at their House in Prince Rupert.

Rose Marie Ostek is on the clinical teaching staff, St. Joseph's Hospital, Toronto. C. Ryan is now in Peterborough. B. Tougire is at St. Clare's Hospital, New York. E. Culliton is doing private duty in Kitchener. M. McIntosh has completed her public health course at McGill, taking her field work at Kitchener. Sr. Marion attended the Catholic Hospital Convention in Milwaukee and then went on to the Mayo Clinic to spend a month in post-graduate study. K. Gies has completed special study in industrial

hygiene at the University of Toronto School of Nursing.

QUEBEC

MONTREAL

General Hospital

The Graduate Nurses' Association topped its objective and collected $14,200 for the Joint Hospital Fund. The Alumnae Association held a dinner in June in honor of the 61 graduates.

Marie Tulk, who has returned from McGill, is now in charge of a medical ward. C. Aitkenhead is now on the teaching staff at Alexandra Hospital, Montreal. B. Chalmers and I. Jensen will take the teaching and supervision course at McGill. M. Johnson is now in Kingston, Ont. Betty Van Vliet has left the staff to be married. Janet (Johnson) Martin and Dorothy (Penney) Colter are remaining on the staff since their marriages.

QUEBEC CITY

Jeffery Hale's Hospital

The Chateau Frontenac was the scene of the annual dinner given by the alumnae in honor of the nine members of the graduation class. The guest speaker was Dr. D. MacMillan and the class prophecy was read by L. Richardson. The following evening at the exercises Mr. James Price gave the address to the graduates. Prizes were awarded as follows: P. White, Governors' prize; B. McCaffrey, Alumnae Association prize; J. Radley-Walters, Women's Auxiliary prize; C. Clifford, Mrs. L. Teakle's prize. The graduates were also guests at a formal dance held at the nurses' residence.

At a regular alumnae meeting, films were shown on "Tuberculosis Diseases of Hip and Spine in Children" and "Industrial First Aid."

A special alumnae meeting was called to enable delegates, who had attended the annual A.N.P.Q. meeting in Montreal, to give their reports as follows: Public health, Mrs. Firth; Private nursing, E. Walsh; Industrial nursing, A. MacDonald and M. Dawson.

Mrs. J. Green attended the C.N.A. biennial convention in Vancouver.

SASKATCHEWAN

FORT QU'APPELLE

Matilda Diederichs, matron of the Indian Hospital, is touring Western Europe. Elizabeth Pearston, lady superintendent of the sanatorium, is in Scotland where she will visit several sanatoria, including the Red Cross Research San at Tor-na Dee. M. Gow attended the C.N.A. convention in Vancouver. Recent additions to the sanatorium staff include: B. Johnstone, H. Laing, M. Mathieson, R. Sitter, E. Young.

SASKATOON

City Hospital

The largest graduation class in the history

of the hospital received their diplomas and pins in May when Dr. A. C. H. Wensley addressed the new graduates. Prizes winners included: General proficiency, R. Tooke; devotion to duty, J. Mackie; obstetrical nursing, B. MacKenzie; surgical nursing, N. Beggs (class valedictorian); pediatric nursing, D. Fair; urological surgery, M. Menzies. Following the exercises, hundreds of friends and relatives were among the guests at the reception at *H.M.C.S. Unicorn*. Honors at the tea table were performed by: Mmes Lindsay, Anderson, Tait, Williams, Wensley, and Hayward.

During graduation week other highlights were a wiener roast, a theatre party, a banquet and graduation dance, as well as numerous teas.

Mrs. J. E. Porteous, director of nursing, was elected president of the S.R.N.A. at the convention held in May. Marion Lindeburgh was a recent visitor to the city to meet with graduates of the McGill School for Graduate Nurses. She was guest of honor at a tea given by the S.R.N.A. and the University of Saskachewan School of Nursing. Another visitor was Mrs. C. S. (Lyle) Powell from Yuma, Arizona. Mrs. A. (Fleming) Kennedy, Edmonton, and Mrs. H. (Weber) Peters, Manyberries, Alta., also renewed acquaintances recently.

The following staff members attended the C.N.A. convention in Vancouver: Mrs. Porteous, director of nursing; Lucy Willis, educational and social director; Edith Shepperd, president, Saskatoon Chapter, S.R.N.A.; Beryl Robinson, Alice Fitzpatrick; D. Fair, member of 1950 graduation class, students' representative. D. Bell and Miss Robinson have returned to staff after post-graduate study. Alice (Jones) Woods is now health director.

St. Paul's Hospital

May came in with graduation joys and departed with reunion celebrations on the 26th and 27th to commemorate the alumnae's 25th anniversary. St. Paul's graduates came from all parts of Canada and the U.S. Mrs. F. E. Wait, first alumnae president (1925) and general convener of the reunion, received the first life membership of the association as a tribute to her work and devotion.

Marion Lindeburgh, director, McGill School for Graduate Nurses, addressed students from the City and St. Paul's hospitals. The Saskatchewan Council of Catholic Nurses held its annual convention at St. Paul's. A tea was held in aid of flooded St. Boniface School of Nursing. It was sponsored by student nurses and convened by Mabel Dean, Student Council president. Sr. Superior attended the Catholic Hospital Convention in Milwaukee. Srs. Ste. Croix and Chauvet, Mrs. I. Redston, alumnae representative, and student nurses, B. Frith and E. Lang, attended the C.N.A. convention in Vancouver.

Instructors and students gathered at the Forestry Farm for a farewell picnic in honor of L. A. Rechenmacher, science instructor, who is leaving for the U.S.

Saskatoon Sanatorium

New staff members include Anne Woolf and Leona (Fast) Schmidt. A. Hart is on a leave of absence.

YORKTON

The chapter held a formal dance in honor of the graduation class of the General Hospital.

BERMUDA

The 1950 graduation exercises of the King Edward VII Memorial Hospital took place at the end of May when His Excellency the Governor, Sir Alexander Hood, presented the diplomas and gave the address. A dinner in honor of the graduates was held by the alumnae association when the guest speaker was Mrs. J. J. Outerbridge, who told of the work of the Welfare Society in Bermuda.

At a bingo party held at Montrose in April, the sum of £10 7s. 6d. was raised for the Scholarship Fund.

Mary Neville Turner is now secretary for the alumnae since the resignation of D. Harnett. She may be reached at the nurses' residence of the hospital at Paget.

Applications are invited by the Selections Committee,
Canadian Nurses' Association
for the position of

EDUCATIONAL SECRETARY

for the **Canadian Nurses' Association**

Professional qualifications and experience should be described fully. Work to commence as soon as possible.

Apply to:

Miss Gertrude M. Hall, General Secretary-Treasurer, Canadian Nurses' Association, Suite 401, 1411 Crescent St., Montreal 25, Que.

Applications are invited by the Selections Committee,
Canadian Nurses' Association
for the position of

ASSISTANT SECRETARY

for the **Canadian Nurses' Association**

Professional qualifications and experience should be described fully. Work to commence on or before ***January 1, 1950.***

Apply to:

Miss Gertrude M. Hall, General Secretary-Treasurer, Canadian Nurses' Association, Suite 401, 1411 Crescent St., Montreal 25, Que.

Positions Wanted

Advertising Rates—$5.00 for 3 lines or less; $1.00 for each additional line.

Obstetrical Supervisor & Instructor. Post-graduate course in Toronto & many years' experience. Available in Sept. What offers? Apply c/o Box E, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Registered Nurse, well qualified in Out-Patient Dept. work (post-graduate course at New York Polyclinic) seeks position in large Canadian hospital. What openings are there in this specialty? Apply c/o Box C, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Positions Vacant

Instructor for School of Nursing. Apply, stating qualifications & salary expected, Supt., Charlotte County Hospital, St. Stephen, N.B.

Operating Room Supervisor for 400-bed hospital with School for Nurses. Apply, stating age, experience, qualifications & salary, Supt. of Nurses, Toronto East General Hospital, Coxwell at Sammon Ave., Toronto 6, Ont.

Night Supervisors (2) for General Hospital, Moose Jaw, Sask., capable of taking charge of hospital, including Delivery Room. 48-hr. wk, rotating 3-11 & 11-7 shifts. Salary open. Cumulative sick time. 1 mo. vacation. Pension plan. Apply, giving qualifications, years of experience, etc., to Supt. of Nurses.

Health Supervisor, responsible for Health Education & Health Supervision of School of Nursing. 90 students. Apply, stating age, experience, date available & salary expected, Acting Director, Women's College Hospital, Toronto 5, Ont.

O.R. Supervisor & General Duty Graduate Nurses immediately for new 60-bed well-equipped hospital located on famed Inland Passage. Salary: $185 & $175 respectively less $25 for board, room & laundry. 4 wks. annual vacation plus 10 statutory holidays. 44-hr. wk. Sick time. Transportation financed if desired. Apply, giving training school, year of graduation, extra courses, age, etc., Supt. of Nurses, St. George's Hospital, Alert Bay, B.C.

General Duty Nurses for 150-bed Sanatorium. Salary: $135 per mo. plus full maintenance. Broken 8-hr. day, 4 wks. vacation after 1 yr. service, statutory holidays. Blue Cross Plan. Apply Supt. of Nurses, Niagara Peninsula Sanatorium, St. Catharines, Ont.

Public Health Nurse for Tuberculosis program in Niagara Peninsula. Apply, stating qualifications, Dr. C. G. Shaver, Box 158, St. Catharines, Ont.

Graduate Nurses for General Duty for Municipal Hospital District, Fairview, Alta. No night duty. Separate residence. For further information contact Mrs. M. Moffatt, Matron.

General Duty Nurses for modern, well-equipped 110-bed hospital. Salary: $120 plus maintenance. Increase at end of 6 mos. & annually thereafter for 2 yrs. Accumulative sick time. Medical & hospital plans available. 30 days holiday after 1 yr. service. 8-hr. day, 6-day wk. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ont.

Registered Nurse for General Duty in 25-bed General Hospital. Salary: $140 per mo. plus full maintenance. 5½-day wk. Apply Supt., Louise Marshall Hospital, Mount Forest, Ont.

General Duty Nurses for 45-bed hospital. 48-hr. wk. Salary: $120 per mo. plus full maintenance. 3 wks. vacation at end of 1 yr. service. Apply Supt., County of Bruce General Hospital, Walkerton, Ont.

Operating Room Nurses & Graduate Nurses for General Duty in 340-bed General Hospital in Metropolitan New York area, half-hour from New York City. For further information apply Director, Nursing Services, Presbyterian Hospital, Newark 7, New Jersey.

Operating Room Nurses (experienced). Apply Director, Nursing Services, Toronto Hospital for Treatment of Tuberculosis, Weston, Ont.

Nurse-Stenographer for busy four-doctor office. This is a rural coast practice in British Columbia. Salary: $200 per mo. Apply, giving full particulars as to qualifications, experience, age, references, etc., c/o Box P, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Night Supervisor for 45-bed hospital. Apply, with references, Supt., County of Bruce General Hospital, Walkerton, Ont.

Operating Room Nurse. Gross salary: $175. **General Duty Nurses.** Gross salary: $163.40 per mo. 8-hr. broken day, 48-hr. wk. All salaries have scheduled rate of increase. Cumulative sick leave. Pension Plan in force. Blue Cross Plan. 3 wks. holiday after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital for Tuberculosis, Gravenhurst, Ont.

General Duty Nurses (2) immediately for new 17-bed Municipal Hospital, Elnora, Alta. Pleasant working conditions. Beginning salary: $125 per mo. with full maintenance. Hospital Board will pay railway fare if period of employment is 6 mos. or over. Apply A. J. Schmiedl, Sec., Treas.

Graduate Nurses (2) for 40-bed hospital. Commencing salary: $185 per mo. with full maintenance for $40 per mo. 44-hr. wk. 28 days annual holidays plus 10 statutory holidays. Annual increases. Accumulative sick leave. Self-contained nurses' home. Princeton is situated on the

Applications are invited for the position of

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Good professional qualifications required, preferably with secretarial training and experience in office administration and committee work. Knowledge of languages desirable. Duties to commence early in 1951.

Salary: £800, increasing by £50 per annum to £1,100. Apply, giving age and full details of education and experience, together with names and addresses of *three* capable references, not later than ***October 15, 1950,*** to:

Executive Secretary, International Council of Nurses,
19 Queen's Gate, London S.W.7, England.

new Hope-Princeton highway only 5 hrs. from Vancouver by road. Apply Director of Nursing, General Hospital, Princeton, B.C.

General Duty Nurse & Asst. Surgical Nurse to help on general duty for well-equipped 50-bed General Hospital in beautiful inland valley adjacent Lake Kathlyn. Boating, fishing, swimming, golfing, curling, skiing. Initial salary: $185; full maintenance, $40. Comfortable, attractive residence on grounds. 8-hr. day, 6-day wk. Rail fare advanced if necessary; refunded following 1 yr. service with 1 mo. vacation on pay. References imperative. Apply Sacred Heart Hospital, Smithers, B.C.

Educational Director—immediate opening for Fall term. Hospital is connected with large clinic & located in the capitol city. New addition recently added to hospital. Apply Director of Nurses, Bismarck Hospital, Bismarck, North Dakota.

Maternity Nurses—post-graduate training preferred, not required. 48-hr. wk.; straight shift. New Maternity Pavilion opening in near future. Information concerning salaries, sick time, etc., provided after application has been received, giving qualifications, years of experience, etc. Apply Supt. of Nurses, General Hospital, Winnipeg, Man.

Public Health Nurses (3) increasing P.H.N. staff to 11 for Township of North York. Pop. 60,000. 5-day wk., sick leave, hosp. ins., pension plan, 4 wks. paid vacation, $720 annual car allowance. Initial salary: $1,900-2,000 with annual increment. Duties to commence Sept. 15. Apply with full details to Dr. Carl E. Hill, M.O.H., Willowdale, Ont.

Dietitian for 100-bed hospital. Salary depends on experience & qualifications. For particulars apply Supt., Soldiers' Memorial Hospital, Campbellton, N.B.

Graduate Nurses for completely modern West Coast hospital. Commencing salary: $185 per mo. less $40 for board, residence, laundry. Special bonus of $10 per mo. for night duty. $10 annual increment. 44-hr. wk. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. accumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

Graduates with Operating-Room experience for duty in modern, well-equipped Operating-Room Dept. Gross salary: $38-44 per wk. Opportunities for advancement to Staff positions for qualified graduates. Apply C. E. Brewster, Supt. of Nurses, General Hospital, Hamilton, Ont.

Graduate Floor Duty Nurses for General Hospital, Hamilton, Ont. Gross salary: $38-44 per wk. 88-hr. fortnight. Hospitalization & medical benefits if ill. Apply C. E. Brewster, Supt. of Nurses.

General Duty Nurses for modern, well-equipped hospital in picturesque Lakehead. 48-hr. wk. Cumulative sick leave. 1 mo. vacation after 1 yr. service. Gross salary per mo.: $170 less $20 for meals & laundry. $45 deducted if living in residence. Annual increment. Railway fare up to $50 with 1 yr. contract. Also **O.R. Supervisor** with post-graduate experience. State qualifications & salary expected. Apply Director of Nursing, General Hospital, Port Arthur, Ont.

General Duty Nurses for 400-bed hospital. New Wing just opened. 8-hr. day, 44-hr. wk 10 statutory holidays. B.C. registration required. Salary: $175 basic. Credit for past experience Annual increments. Vacation: 28 days after 1 yr. Sick leave: 1½ days per mo. cumulative Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

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Operating room nurses required for general surgery, *or* eye, ear, nose and throat work, due to expanding services. For information apply to Superintendent of Nurses, The Hospital for Sick Children, Toronto 2, Ont.

Registered Nurses for General duty. 8-hr. day, 6-day wk. Salary $120 per mo., $5 increase after 1 yr. service. Full maintenance. Four-day weekend following two wks. night duty. Apply to the Superintendent, Saugeen Memorial Hospital, Southampton, Ont.

Registered Nurses for General Staff in 21-bed hospital. Salary $140 per mo. Room, board and uniform laundry provided. Rotating shifts, 48-hr. wk. Blue Cross plan. 3 wks. holiday after one year's service. Apply Superintendent of Nurses, General Hospital, Espanola, Ont.

Night Supervisor & General Duty Nurses. Apply, stating experience & qualifications, Supt., Queens General Hospital, Liverpool, N.S.

British Columbia Civil Service requires: ***Registered Nurses for General Staff Duty for the Division of Tuberculosis Control***—*Vancouver Unit:* 225-bed T.B. Hospital, located at 2647 Willow St., Vancouver. All major services & student affiliation course. Registration in B.C. required. Gross salary: $182 per mo. Annual increments of $60 (over 5-yr. period). No residence accommodation. *Tranquille Unit:* 350-bed T.B. hospital, located 12 miles from Kamloops in southern interior. All major services except student affiliation. Gross salary: $188.50 per mo. Annual increments of $60 (over 5-yr. period). New modern residence; attractive bed-sitting rooms. Recreational facilities. Maintenance deduction: Room $5.00; laundry $2.50. Excellent food at 20 cts. per meal. ***Conditions—Both Units:*** 8-hr. day, 5½-day wk. rotating shifts. 4 wks. annual vacation with pay plus 11 statutory holidays. Sick leave, 20 days per yr. (14 cumulative). Promotional opportunities. Superannuation. Write for information & applications to Supt. of Nurses in respective Units or to Director of Nursing, Division of T.B. Control, 2647 Willow St., Vancouver, B.C.

Official Directory

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

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The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec, Incorporated February 14, 1920.

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A.A., Winnipeg General Hospital

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A.A., Brantford General Hospital

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A.A., Brockville General Hospital

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A.A., Ontario Hospital, Brockville

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A.A., Cornwall General Hospital

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A.A., Ontario Hospital, Hamilton

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A.A., Kingston General Hospital

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A.A., Kitchener-Waterloo Hospital, Kitchener

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A.A., Sarnia General Hospital

Hon. Pres., Miss Rahno Beamish; Pres., Miss Gloria Welch; Sec., Miss Jean Thomson, S.G.H.; Treas., Miss Elizabeth Russell, S.G.H.; *Rep.* to *The Canadian Nurse*, Miss Marion Buckrell, 264 London Rd.

A.A., Stratford General Hospital

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A.A., St. John's Hospital, Toronto

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